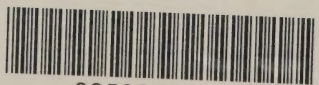




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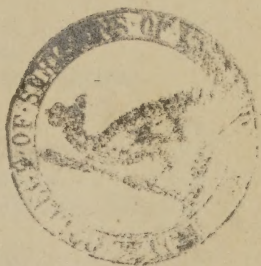
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FOR THE INSANE:

EDITED BY  
JOHN CHARLES BUCKNILL, M.D.

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VOLUME II.

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# THE ASYLUM JOURNAL

OF

## MENTAL SCIENCE.

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*The Ninth Report of the Commissioners in Lunacy, to the Lord Chancellor ; ordered by the House of Commons to be printed, May 15, 1855.*

This Report includes the transactions which occurred during the year 1844. It was presented on the 31st of March, and the public who are interested in lunacy matters, have reason to feel obliged to the Commissioners for the promptness of its preparation and publication.

The first fact likely to attract the notice of the reader is, that "Miss Mary Fleming is now included with her mother "in the license for Warwick House, Chelsea ;" and on referring to the list of licensed houses in Appendix A., one cannot fail to be struck with the much larger proportion of female proprietors of licensed houses in the metropolitan district over those in what the Commissioners call "the provinces." The proportion being one fourth in the former, and not quite one eleventh in the latter. How it is that the Commissioners in Lunacy, whose powers over the licensed houses in the metropolitan district, are practically without limit, are so much more favorable to female proprietors than county Justices appear to be, we are unable to give any satisfactory reason.

After noticing the changes which have taken place in the proprietary of licensed houses, the Commissioners proceed to make some interesting observations on the progress and condition of several of the new county lunatic asylums.

The reports on the WARWICK ASYLUM are of a favorable nature. The county, however, appears to have greatly overbuilt itself ; many wards remaining unoccupied and unfinished. The Commissioners mention, that "considerable progress has been "made in bringing the land into cultivation ;" but they do not state that the land is a tenacious clay of the poorest character. The county Justices bought this estate of the Lord

Lieutenant, and at an enormous price. These are the sort of transactions which raised the cry for county financial boards.

THE WORCESTER COUNTY ASYLUM suffers from an insufficient supply of water. The wards are cheerful, spacious, and well ventilated, and the various offices are convenient. The Commissioners state that "no disease of an epidemic character has prevailed." This however is an error, for eight patients died during the year in this asylum of asiatic cholera, and four others of dysentery and diarrhoea.

THE LINCOLN COUNTY ASYLUM will contain 250 patients. The general management of the asylum is reported to be very satisfactory; the wards well ventilated, cheerful, and airy. The amount of water has been inefficient, but an ample supply has now been procured from the Lincoln water works.

THE ASYLUM FOR HANTS will accommodate 400 patients, and has 105 acres of land. "The site is excellent, having a slope to the south. It is well wooded, and bounded on one side by a stream of water." At their last visit, the Commissioners found that considerable progress had been made towards the complete organization of the establishment: the wards were throughout exceedingly clean and well ventilated, the patients well clothed and comfortable.

THE ESSEX COUNTY ASYLUM will accommodate 448 patients. The building is of a very pleasing character, and is conveniently arranged. The wards are clean and well ventilated, the health of the patients good, and the condition of the asylum creditable and satisfactory.

THE ASYLUM FOR BUCKS will accommodate more than 200 patients. The wards are convenient and well arranged, but there are only 20 acres of land belonging to the institution. The wards are cheerful and clean, and comfortable in appearance, but some of them are cold, and the expensive warming and ventilating apparatus does not answer. The supply of water has been very deficient. And, "owing to the small number of patients, and the large staff of officers, the charge for pauper patients in this asylum is necessarily heavy." We demur to the necessity of the conclusion, unless it be admitted that a large staff of officers is needful for a small number of patients.

We may deduce from the remarks of the Commissioners on the new county asylums, that they find reason to disapprove of *systems* of warming and ventilation. They regret the absence of open fireplaces both in the Warwick and the Bucks asylums. We believe that their opinions on this



subject coincide completely with those of the great majority of Superintendents. We never yet met with a Superintendent who did not vastly prefer open fireplaces for his patients.

In some asylums, as at Essex, ventilating and warming apparatuses exist, but are not used, the Superintendents entertaining what we believe to be a well grounded antipathy to their employment. Not only is nothing so cheerful and exhilarating in appearance as the open fireplace, connected as it is with the associations of the English home, and endeared to all British hearts by the recollections of happy hours spent in the ingle nook, or by one's own fireside; but it appears to be by far the most effectual method of securing thorough ventilation, and of warming the air without destroying its freshness.

It appears that three of the new county asylums, namely, those for Bucks, Worcester, and Lincolnshire, have suffered greatly from deficiency in their water supply. A deficient supply of water is one of the greatest evils to which a large lunatic asylum can be exposed, and it is much to be regretted that county justices should ever consent to purchase a site for an asylum, except on the condition that an abundant supply of water can be procured. Asylum architects seem to have had no conception of the quantity of water required for such establishments. Perhaps they thought that the madness of insanity was at least allied to hydrophobia.

There are some other matters the Commissioners notice of the new asylums, which may not appear at first sight to be of sufficient importance for notice in a blue book, such as the dress of the patients, the furnishing of the wards, the supply of newspapers and periodicals to them, and their walks in the adjoining country. These, however, with some other minor subjects of interest, such as singing birds, pet animals, and pictures on the walls, are not the mere tythes of mint and cummin which any one of them separately may be made to appear. Taken collectively, they are the outward signs of a careful and liberal management, and where thorough attention to them is observable, it may appear improbable that the weightier matters of medical and moral treatment do not receive their due amount of attention. It may be that medical skill and domestic management are not always united in perfectly just proportions; and indeed we know instances in which the disproportion existing between the two is very remarkable. In the admirable Report of the Crichton Asylum, Dr. Brown distinguishes the peculiar path of exertion which his assistant-physicians have pursued: "Dr. Gilchrist as having signalized his career by the applica-

“tion of scientific instruction to an extent previously regarded  
“as fabulous ; Dr. Lindsay as having devoted himself to the  
“introduction of æsthetic elements into psychology, and at-  
“tempting to effect by suggestions of beauty, by music and  
“pageantry, what formerly squalor, silence, and darkness  
“were left to accomplish ; Mr. Aitkin as presiding over  
“literary undertakings, libraries, histrionic exhibitions, and  
“that class of recreations which reach the sentiments through  
“the intellect.”

An excellent division of labor in a large and wealthy institution, where it is possible. But in establishments where the number and character of inmates, and the financial resources render it scarcely possible, and certainly inexpedient, where the medical superintendent has to be a jack-of-all-trades, we do entertain a strong opinion, that the one calling which it is imperative that he should possess and exercise with undoubted skill, is the one of the scientific physician.

We do not know of a more painful sight than an admirably constructed and arranged asylum for the insane, replete with domestic comforts, and abounding in evidences of extreme solicitude for the contentment or happiness of the inmates, but containing no marks of any medical intentions or operations ; all the patients at work, and none in the infirmary ; no case books, or at all events no records of treatment ; no medicines, except stimulants for the aged and infirm, and an occasional dose of salts or castor oil for those who may need them ; and above all, a medical Superintendent who openly professes to have no faith in the efficacy of medicine. Such an institution with its beautifully arranged and decorated wards, its pictures and pet animals and picnics, does but remind one of the old fable of the fox with the visor, and tempt one to exclaim, What a pity that so beautiful an appearance should have no brains.

We are convinced that many asylums in this country, have already lost their character as places for the medical treatment of disease, to a degree highly detrimental to their utility, and dangerous to their permanent prosperity. May we not attribute this in great measure to the fact, that they are presided over by a Commission, of which it would be ungracious and perhaps unjust to say that scientific medicine is unrepresented therein, but of which the active members certainly display little interest in the pathology or medical treatment of mental diseases ?

No provision has been made for the lunatic poor of the city of London. The city authorities have made efforts, which, the Commissioners regret have been attended with no

satisfactory results. The Visiting Justices of the adjoining counties will have nothing to do with them, either in the way of joint asylum, or reception by contract. In spite of the earnest representations of the Commissioners, the empty wards of the Essex asylum are closed to the lunatic poor of London. It appears that a distinct asylum must be built for them, which the city authorities will be enabled to place under the system of management which is becoming well nigh peculiar to that venerable corporation.

The Report on ST. LUKE'S HOSPITAL is too important to be passed over in a brief notice. We must refer to it at a future time. The Commissioners have exerted themselves in the most praiseworthy manner, to obtain the removal of this institution from the present building, the defects of which they pronounce to be *irremediable*.

The first visitation to BETHLEM HOSPITAL under the statute, was made on the 6th February, 1854, and the Commissioners were much gratified with the many important improvements which had recently taken place. "The paramount authority judiciously vested in Dr. Hood, appeared to the Visiting Commissioners to have been productive of much good, and they therefore purposely refrained on that occasion, from making suggestions which might have had the effect or appearance of interfering with arrangements then under consideration.

The subject of Lunatic Hospitals the Commissioners truly state to be one of much importance.

"Viewing them as benevolent institutions, for the benefit of those classes of the community who, though not in the ordinary sense paupers, are really indigent, and as such, objects of charity, we are strongly of opinion that every effort should be made to improve their condition and management, and extend their usefulness. It is to be borne in mind, that several of these institutions are in possession of property and income from various sources, to a considerable amount; and your Lordship will no doubt feel that the proper and efficient administration of their trusts and funds is a matter falling especially within your Lordship's province, and that we act rightly in bringing them under your particular notice."

The Commissioners have not succeeded in their endeavour to frame a general code of rules and regulations for these institutions, owing to differences in their origin, constitution, size, and other peculiarities. We apprehend, however, that the really unsurmountable difficulty which they have met with in their laudable endeavours, has been the pertinacious



opposition of the Boards of Governors, who have succeeded in baffling their attempts to remedy old abuses, and anomalies of government; or who when they have seemed to give way to the advice and solicitation of the Commissioners, have done so in form and appearance only, and have contrived to evade actual and important changes. As an example, we may cite the earnest attempt which the Commissioners have made to place these institutions under the direction of medical Superintendents, similar in position to the men who have raised the county asylums of this country to so high a point of excellence and reputation. The hospitals have generally been under the management of weekly boards, visiting physicians, and resident apothecaries. Owing to the representations of the Commissioners pressed with the earnestness of strong conviction, some of the Boards of Governors have consented to change the name of the resident apothecary into that of medical Superintendent, and to invest him verbally with that "paramount authority" which the Commissioners insist upon. But with weekly Boards of Governors managing everything domestic and financial, and with daily visits of visiting physicians directing everything medical of less emergency than a suicide, or of greater importance than a dose of castor oil, over what is the Apothecary with his new title to be paramount? We earnestly trust that the Commissioners will eventually succeed in establishing in spirit and in letter the reasonable and necessary reforms which they advocate.

In some of these institutions one of the most needful reforms is the full appropriation of the charitable funds to their legitimate purposes. Take, as an instance, the first hospital mentioned in the instructive and valuable Appendix A, which gives a succinct account of the origin and history of these institutions, the ST. THOMAS HOSPITAL FOR LUNATICS, AT EXETER. The amount of donations and legacies has been £17,000, of which £12,000 remains as existing capital, producing an income of £458 per annum. We presume that the remaining £5,000 has formed part of the £36,000 expended in land, buildings, and furniture. The average number of what are considered the charitable classes of the institution, have been three received free of payment, two at 5s, and one at 10s 6d per week. If the payments of the three latter patients are added to the charitable income, the latter will amount to £501; to say nothing of the interest of the money spent in buildings, furniture, &c. For this £501 a year only six charitable patients are supported, in an institution rent free, and deriving from other sources an

income of £2,000 a year, and therefore enabled to maintain a sufficient staff of officers, without drawing upon the resources which it would seem right to appropriate exclusively to the maintenance of the impoverished patients for whom they were subscribed. When it is remembered that in these institutions the clothing of the charity patients is provided by their relations, and that they are rent free, and at least ought not to bear more than their relative proportion in the expenses the staff, it will scarcely be considered that the charitable purposes for which the St. Thomas Hospital was founded, have been fairly carried out by the partial relief of 13 per cent of its inmates. The cost of each of these charitable patients appears to have been £1 12s a week, while the average cost of the other patients is just under a guinea. The Commissioners distinctly state that these institutions are for the reception of persons, whose means are insufficient for their support elsewhere.

The Report on the Yarmouth Military Lunatic Asylum, and on Fort Pitt, having been fully considered elsewhere, we may in this place omit further notice of these institutions.

The Commissioners are of opinion that the metropolitan licensed houses have manifestly improved since they came under their jurisdiction; but those for patients of the middle and humbler classes, both in the metropolitan and provincial districts, "do not keep pace in the march of improvement, by which the county asylums of the first class are distinguished."

The Commissioners mention that a large sum of money has been paid by Dr. Bailey, for the purchase of the establishment and good will of a licensed house, near Southampton.

"A payment of this nature, in our opinion, offers a strong *temptation* to those who purchase, to curtail the comforts and accommodation of the patients committed to their charge, in an attempt to reimburse themselves out of the profits of the asylum."

No doubt that abstractedly there is reason in this opinion. Commercial principles are almost as invariable as the laws of nature; and, according to the law of supply and demand, a thing fetches what it is worth in the market. But did not the Visiting Justices who licensed Grove Hall to Dr. Bailey, take the trouble to convince themselves that his personal character was such, as to render it improbable that he would curtail the comforts of his patients, in order to enlarge his profits? If they did not so convince themselves, they and the Commissioners have the power of constan

visitation; and the former, have the further power of revoking the license, whenever such visitation has convinced them that it has been granted to an unworthy person. *The large sums of money which are readily procurable for the purchase and good will of licensed houses of bad character and parsimonious management, are credentials of their inefficient visitation, or of want of energy in the administration of the law.*

Four interesting cases are detailed in which patients, who had been found unmanageable in licensed houses, except by means of mechanical restraint or of constant seclusion, were, on the recommendation of the Commissioners, removed to other institutions, where they were treated differently, with the most beneficial results. Such practical demonstrations of the power of the new system, to reclaim the most unmanageable cases, cannot fail to convince the most obstinate adherents of the old methods of management, by the influence of that logic which they are best able to understand, namely, by appeal to the *argumentum ad crumenam*. The loss of a few patients whom they cannot manage, except by the aid of the jacket or the dark cell, and whom others manage and cure by gentler methods, will prove to them that in the long run the jacket is not the most *profitable* means of providing for the cure and treatment even of violent lunatics; which was for them the thing to be done.—Q. E. D.

The next subject for report is the defective medical arrangements at the Norfolk Asylum. As it has been treated on at greater length in the pages of this journal, it is unnecessary again to refer to it, except to state that the Commissioners take exactly the same view of the subject which we have done.

“Without entering into the merits of this dispute between the officers of this institution, we are disposed to attribute any evil attending it to the rules of the asylum, which deprive the medical officer of powers which ought properly to belong to him, and give them to non-professional persons, who, necessarily, cannot be fully competent to exercise them.”

“It appears to us to be of the greatest importance to the well-being of these large public institutions, not only that the resident medical officer should have paramount authority therein, but also that he should be liberally remunerated.”

It is easy to see through the veil of official reserve that they think Dr. Foote was very ill-used in this matter.

The frequency of medical visitation of single patients (once a fortnight) has frequently been diminished under circum-



stances appearing to justify the relaxation; the returns of these medical visitations of single cases are stated to be far from complete. We are glad to observe that the Commissioners have the whole of this subject under their consideration; it is, in our opinion, one of most pressing and urgent importance, and we entertain a strong conviction, that the Commissioners are entirely ignorant of the very existence of large numbers of insane persons, kept too often at the homes of their relatives, in squalor, filth, and misery; or farmed out in obscure localities, where no medical man ever sees or hears of them. The absurd exception which excludes patients who are not kept for profit from all visitation, is a mesh, or rather a gaping rent in the legal net, which will easily let through all offenders against sec. 90 of the Private Asylums Act. The judges also have got it into their heads that the lunacy statutes were "never intended to interfere with the domestic management of the insane," as if this so-called domestic management was not by far more frequently characterized by cruelty and neglect than any other management whatsoever; we sincerely trust that the Commissioners will succeed in bringing "the entire class of single patients fully within their own cognizance."

On the subject of the greatly increased number of pauper lunatics, the Commissioners make some most valuable and judicious observations. It appears that during the last eight years the number of pauper lunatics in asylums, registered hospitals, and licensed houses, has increased from 9,652 to 15,822, being an increase of upwards of 64 per cent. This, it is truly observed, "may appear at first sight startling, and has led some observers to infer, that insanity as a disease has been increasing in this kingdom in a greatly more rapid ratio than its population." The Commissioners, however, demur "to so painful and disheartening a solution," and give several reasons for the opposite opinion.

In the first place, they think that the increased care and skill employed in the treatment of the insane poor, has had the effect of greatly prolonging the duration of lunatic life in asylums, and has contributed in no small degree to the accumulation of chronic and incurable cases.

They refer, in the second place, to the more prompt care and treatment which the stringency of statutory enactments has provided for recent and violent cases, by means of which insane paupers who would aforetime have been harboured in workhouses, or allowed to live on miserably on a parish pittance, are now removed at once to the county asylum.

We do not think the Commissioners are correct in esti-

minating this operation of the law as one cause of the accumulation of chronic lunatics; on the contrary, we entertain the opinion that it affords the most powerful agency to counteract that tendency. The earlier the period at which violent and recent cases are placed under care and treatment, the less the probability that they will become chronic and incurable; and thus we believe that the stringent provisions of the law, tend to prevent the accumulation of chronic lunatics. We think that the third reason assigned by the commissioners, accounts for the increase of pauper lunatics in asylums to a much greater degree than all the other reasons, it is thus stated:—

“It is obvious also, that the attention of Medical practitioners (as well as the public generally) has of late years been led to take a far more comprehensive, as well as scientific view of insanity in its various aspects, and to consider as properly falling under it many forms of the disease, which, from not exhibiting any strongly developed symptoms, were in former times wholly overlooked, although with a view to their cure, it might be of essential importance that the best remedial treatment should be applied to them with the utmost promptitude.”

Advancing civilization increases the number of lunatics in a country in two ways, it multiplies and intensifies the causes of insanity, and it sharpens the discernment of the public as to its existence. By increasing the public sensibility and humanity, it renders the separation of the lunatic from his fellow-men necessary, and enjoins the provision of due care and treatment for him. The crazy imbecile, who, 500 years ago, would have been the privileged provoker of rude jest and merriment in the baronial hall, and who, 50 years since, would have roamed the hamlet, or the fields, exposed to the persecutions of malicious urchins, on whom he would occasionally wreak a frantic revenge, is now protected within the precincts of a county asylum, and forms one of the aggregate of chronic patients, tranquil, occupied, self-respecting, and happy. At the present day, society neither chooses to incur the danger of monomanics at large, nor the disgust inspired by idiots; it insists upon separating from itself these, its imperfect members, partly from motives of true humanity, and partly from selfish motives of fear or of outraged sensibility; and the result of a great accumulation of chronic lunatics in asylums, ought not to cause surprise by its amount, nor complaint on account of its expense.

The Commissioners shew, that during the same period of time in which the pauper lunatics of England and Wales have increased 64 per cent., the number of private patients has

only increased from 4065 to 4671, or about 15 per cent; a fact which they justly consider confirmative of their opinion, that the increase of insanity is in a great degree to be attributed to its having become more completely and generally recognized, and that it is indeed more apparent than real. The Commissioners make some judicious and humane remarks upon the practice which has sprung up, of sending insane persons to county lunatic asylums, who are far removed from the condition of paupers; the transaction being effected by arrangement between the relatives of the patient and the Parochial Officers. This has been a cause of complaint, because it tends to pre-occupy the asylum accommodation intended for the true pauper lunatic; but the Commissioners think that the statutory definition of pauper, as "every person maintained wholly, or in part by, or chargeable to any union or county," seems to countenance, if it does not justify the practice; and they think that the prevention of this practice would often lead the relatives, who would otherwise contribute to the support of such patient, to throw themselves and the patient entirely upon the parochial funds. There is much justice in these observations, but the practice, nevertheless, appears to us an evasion of the spirit of the statute; and it is certainly one which, unless watched, may creep into a great and glaring abuse. The upper classes have already shouldered the middle classes out of many of the charitable institutions of the country, and it would now seem that there is some probability that this kind of encroachment will go one step lower, and that when disease and distress overtake members of the middle class, they will not disdain to eat the bread of the pauper.

As an instance of the extent to which the abuse above referred to may be carried, we may mention that we once ourselves admitted a girl of 18 as a pauper lunatic, into a county asylum, whose father was worth a hundred thousand pounds, and who was herself an heiress to the amount of ten thousand. Her miserly father brought her to the asylum strapped down to a seat, in an open cart, and with a straight waistcoat on. She happily recovered, and rode away from the pauper institution in the style of an equestrian young lady in Rotten Row.

The Commissioners also refer to their own exertions in removing no inconsiderable number of insane poor from workhouses to county asylums, and they conclude with the following observation.

"If all these considerations are taken into account, it will excite little surprise that the strenuous efforts which of



“late years have been made in England to provide for the  
“insane poor in public asylums, should have been unable to  
“keep pace with the growing demand for such provision,  
“and that a large and every year augmenting mass of  
“chronic, and probably hopeless, cases should become  
“accumulated in these institutions, occupying much of the  
“available accommodation there, to the exclusion, it is to  
“be feared, of many other cases, to which, as being of  
“recent date, the earliest remedial treatment would be most  
“important.

Notwithstanding the great number of lunatic poor in asylums, the Commissioners estimate the number of insane persons receiving parochial relief, and not in asylums, at no fewer than 10,500, of whom about one half are detained in workhouses, and one half are living at large with relatives or strangers. The Commissioners consider that this large number of lunatics are only “to a limited extent under “their cognizance.” We are somewhat surprised at this avowal, as it is perfectly obvious that no class of the insane poor stand so much in need of the cognizance of the Commissioners in Lunacy as this does. Once placed in an asylum, the insane pauper is under the protection of a staff of responsible officers and a board of visiting justices, and certainly stands less in need of the cognizance of the Commissioners in Lunacy, in proportion to the amount of care and protection thus afforded. But it is notorious that the insane poor that are confined in workhouses are protected from cruelty and ill treatment in no such manner; neglect indeed must necessarily be their lot, for the Union Houses have no class of persons charged with, or responsible for their care. The functionaries of such institutions generally consist of the master and matron, the porter, cook, schoolmaster, and infirmary nurse; these have their hands full of their own peculiar duties, and the charge of any insane inmates falls to the lot of the other pauper inmates, who may fairly be excused for objecting to the aggravation of their privations and confinement, by the companionship of wretched and mindless beings whose habits are too often offensive and disgusting by day and destructive of repose by night. It is not to be expected that the sane inmates of union houses should be remarkable for their good sense, humanity, or forbearance. On the contrary, they form one class of the outcasts of society, and if their lunatic companions are not absolutely persecuted by them out of mere malignity, it certainly is not to be wondered at, that they should sometimes use very harsh measures to prevent the quietude of

their dormitories being disturbed by the restless habits of insane persons, so unjustly thrust into their fellowship. The Commissioners state that four-fifths of the insane paupers in workhouses, may be described as harmless imbeciles, and that "in the remainder the infirmity of mind "is combined with or consequent upon epilepsy, paralysis, "or is merely the fatuity of superannuation or old age;" and comparatively few come under the description of lunatics or idiots as the terms are properly understood. We entertain however little faith in the harmlessness of such imbeciles, believing that a large proportion of the catastrophes which have arisen from the violence of persons of unsound mind, have been caused by individuals of this class. Perhaps this fact, which the records of criminal justice will amply illustrate, may be explained by their being more subject to persecution and annoyance, and by their receiving less systematic supervision than any other class of insane persons. We certainly think, that insane paralytics and epileptics need a full share of care and protection. Of the 5000 insane paupers living with their relatives or strangers, on a parish allowance, the Commissioners admit that their information is comparatively scanty; that this class very seldom falls within their personal observation, and that their knowledge of them depends almost entirely on annual returns received from clerks of Boards of Guardians, and on the quarterly returns of medical officers of unions. We entertain a strong conviction that there is only one other class of insane persons whose unprotected condition more imperatively demands the full cognizance of the Commissioners than these 5000 insane paupers living with relatives or strangers, of whom the Commissioners admit that they know next to nothing. The class which most needs their cognizance is, one of which they know still less; one of which no returns are made, either quarterly or annual; one subjected to no visitation, and under no protection. It is the class of insane persons living with relatives, or with strangers, and not in the receipt of parochial relief. From our own personal observation and enquiries we are convinced that this class is a very large one. We know scarcely a parish that does not contain examples of it, and we venture to affirm, that in England and Wales there are a much larger number of insane persons living as single patients, ostensibly not kept for profit, of whom the Commissioners in Lunacy receive no returns, of whose condition they know nothing, and of whose very existence they are ignorant; that of such persons there are a much larger number than of

those who are confined in licensed houses and registered hospitals, upon whom the cognizance of responsible officials, of Visiting Justices, and of Lunacy Commissioners, appears to be fixed and concentrated. We trust, that in the new Lunacy Bill which we understand to be in preparation, any deficiency of power which the Commissioners may labor under for extending their knowledge and their influence to those insane persons who most of all need their protection, will be fully remedied, and that in future Reports they will not have to speak of large classes of the insane who are only to a limited extent under their cognizance.

The Commissioners report that the condition of the lunatic wards which are attached to some of the larger workhouses is extremely unsatisfactory. Patients are often placed in large numbers in these wards, "where, with really "far more personal confinement, than in asylums, they have "far less of physical comfort, and little chance of skilful and "systematic treatment." The inmates are left without occupation or amusement. The pauper "attendants are either "gratuitous, or so badly organized, and so badly requited, "that no reliance can be placed on their services." The Commissioners have used their best endeavours to remedy the obvious defects of these places of detention, while they have abstained from giving any official sanction to their construction.

We know not what inference to draw from the wretched condition of these places, unless it be the irremediable parsimony of Boards of Guardians, and their utter unfitness to have the charge of their insane poor. We are aware of no other obstacle, except this unfitness, which should prevent the lunatic ward of a large workhouse from being constructed as commodiously, and furnished as suitably with all means and appliances for the comfort of the insane, as a ward in a county asylum. We trust that in any future agitation for legislative enactments which would give to rate payers or guardians any new control over pauper lunatics, the Commissioners' Report on lunatic wards will not be forgotten.

On the subject of attendants upon the insane the Commissioners justly remark, that the skill and judgement of a Superintendent or proprietor are of little avail, unless he be zealously supported and his orders effectually carried out by an adequate staff of well qualified attendants. They "should combine firmness and gentleness," and be able by their education and habits to superintend, direct, and promote the employment and recreation of the patients.



The Commissioners state that a marked improvement has taken place in these respects ; but at the same time they mention the unpleasant fact, that a great and increasing difficulty exists in procuring good attendants. We are of opinion, that it has become the fashion to expect somewhat too much from this most important class of servants, or rather, perhaps, we ought to say, to expect incompatible qualities from them. We are somewhat like the man who attempted to keep a pair of horses, which he sometimes hunted, sometimes drove in his phaeton, and sometimes attached to his plough : draught work made them fall and break their knees when he rode them, the plough spoilt their appearance for the carriage, and their hunting experience made them run after a cry of hounds with harrows at their heels, which completed the experiment by laming and foundering them.

We expect attendants to combine firmness and gentleness. It is a prettily turned phrase, but how many of us combine a due proportion of these qualities? Surely if attendants possess gentleness, patience, and good sense, the quality of immutable firmness may well be excused to them. On occasions when it is really needed, let it be exercised by the Superintendent.

They should be educated, and their habits should enable them to promote and direct employment. But are not habits of industry, which may be taken to mean agricultural employment, somewhat unusual with an educated state? Surely we expect from them as various uses as were served by Hudibras's ladlehandled dagger, which cut bread or broke a head, melted bullets, boiled pullets, &c. The true wisdom in the employment of attendants is to keep them cheerful and happy, not to oppress them, or expect too much from them; to develop their good qualities, and to know how and when to correct lightly, or even to wink at their little faults. Thus only shall we get them to discharge their duties, always arduous, and often odious, with right good will. Good officers make good attendants, and bad ones drive them away, or spoil them. Next to the influence of bad attendants upon patients, there is nothing more unpleasant to notice, than the harsh treatment of attendants themselves, by arrogant and exacting officers. Constantly to suspect confidential servants is the way to ensure eye service and deception, the privileges of the oppressed.

The Commissioners recommend the system of head attendants, and we think with justice : but it is not always an easy matter to introduce such an officer over the heads of

old and tried servants, who have for years held themselves responsible to the master only. The lady companion for female patients of the upper class is also pronounced to be most useful. This improvement has been imported from Dumfries, an institution where enterprise in ameliorating the condition of the insane by every possible means, is ever active. We learn from the last Report of its most able physician, that a lady of fortune has devoted her time and her means to this new kind of employment. A Miss Nightingale among the mad folk. All honor and success to her noble self-devotion.

The Commissioners conclude their remarks upon attendants by a notice of their register of those dismissed for misconduct. They might have told us that this register was a failure, and that neither Superintendents nor proprietors will accept their interpretation of the statute, and understand a servant leaving to prevent dismissal, as actually dismissed. Neither do Superintendents apply to know whether applicants for employment are in this black book or not, seeing that it is far more direct and satisfactory to apply at once to the Superintendent in whose service the applicant has been. The only possible method by which the Commissioners could have rendered their black book servicable, would have been to have circulated its contents among Superintendents. But this they ascertained would have rendered them liable to actions for libel, so the whole affair is practically a mere *brutum fulmen*.

Finally, we are deeply obliged to the Commissioners in Lunacy for their most excellent report, replete, as it is, with valuable information and important suggestions. The style, also, is earnest, vigorous, and pure, and an immense improvement on that of some former reports. We are indebted for this to the skilful pen of Mr. Procter. We have discussed some of the subjects on which it treats, with freedom and candour. In doing this, however, we have felt most deeply the respect due to the high official position, extended information, and untiring philanthropy of its authors; while, at the same time, we have not been forgetful that our own long and practical experience on these subjects, justifies a free discussion of controvertible points, and an independent expression of earnest convictions.

J. C. B.

*Introductory Lecture to a Course of Lectures on the Pathology and Treatment of Insanity, delivered at St. Luke's Hospital, in the Months of May and June, 1855.*

By A. J. SUTHERLAND. F.R.S., M.D., Oxon.

Gentlemen,

Since the year 1843, I have delivered Lectures on Insanity at this Hospital during the summer session; I have done so because I believe that there is not much chance of Medical Pupils deriving information upon any special disease except by Lectures; we are in the habit of giving, and receiving knowledge in this way; it forms part of our medical education, and we cannot do without it. The subject of Insanity is daily growing in importance; it is no longer looked upon with mysterious awe, as if there were something supernatural in its essence; nor degraded by being followed as a mere trade, but men have arisen of late years in this country, and also in France, in Germany, and in America, who have studied it as a science, and have elevated it to the rank which it ought to hold in medicine,

The particular subjects of our investigations are each of them a study. The insane may be viewed in various relations, whether as members of a civilized society whose rights and privileges, for the benefit of that society, are in abeyance, and whose conduct does not render them amenable to its penal code; or they may be considered as presenting phenomena allied to, but still distinct from other disorders of the nervous system; or again they may be contemplated as exhibiting to the moralist the sad spectacle of perverted feeling, of unrestrained passion, and of action uncontrolled by the will.

The right study of this subject pre-supposes a certain amount of previous knowledge, *e.g.* with Metaphysics, with Moral Philosophy, with Anatomy and Physiology, with Pathology and Therapeutics, and with the first principles of Medical Jurisprudence. The greater amount of such knowledge, the greater will be the capacity of the student to investigate the different subjects connected with mental disease.

As physiologists and pathologists you cannot fail to feel interested in the subject which is about to occupy our attention. As physiologists you will, for instance, have



examples of the plus and minus quantities of the generation of animal heat in different parts of the body, co-existent with that of deranged nervous function, influencing of course the amount of blood distributed therein. You will have frequent examples also of the necessity of repose for the reproduction of nervous power, but at the same time you will wonder that greater exhaustion is not produced by the successive return of sleepless nights; you will remark great muscular power, great nervous energy existing in a maniac who passes night after night in ceaseless activity, and this will lead you to the conclusion which you have drawn in watching the progress of other diseases, viz., that the inferences which you have deduced from health are no certain landmarks for those in disease, but that these must be modified and altered by experience from facts observed by pathological investigation. But still you will see that these inferences are not without their use, for knowing perfectly well that sleep is necessary to the well-being of the body, you will therefore watch with interest the effect of long continued want of sleep in disease; and you will see that although the animal frame will, under peculiar circumstances, bear many successive days of excitement and want of rest, without any apparent change, yet that in the end the degree of exhaustion is equivalent to the previous excitement, and that the patient either sinks into a low typhoid state, from which it is difficult to rally him, or into one of hopeless fatuity. Again you are well acquainted with the progress which has of late years been made in the study of the nervous system, and are familiar with the discoveries of Bell, of Marshall Hall, of Müller, and of Reid; this will naturally lead you to investigate how far the afferent and efferent nerves, and how far those of organic life may have been effected by the disease, and you will see that the functions of the nerves of sensation and motion are altered, and give rise on the one hand to many delusions in the mind, and on the other to peculiarities in the speech and gait of the patient, while those of organic life are equally disordered; and having observed all these symptoms you will, I think, be inclined to ascribe much independent power to the nervous system itself; and though you will consider it subordinate to the blood, yet that you will not think that nervous force or nervous power are terms without meaning, that however much it may derive its sustenance from the blood, yet that it has inherent in itself that power, allied

indeed to electricity, but not yet proved identical with it, which as rapid as that subtle fluid conveys the notices from the brain to the remotest fibril, and from this again to the nervous centres, which more obscurely ministers to the influences by which the soul manifests its ideas, and which when disordered counteracts and obscures its development. You are well aware how much light has of late been thrown upon this subject by Electro-Physiological researches, and particularly by those of Matteucci, who says in his paper in the *Philosophical Transactions*, (147, part ii. 239;) on the theory of the production of electricity in the Torpedo and Gymnotus: "I cannot but admit, that 'the nervous force increases independently of the will, 'with every increase in the activity of the functions of 'circulation and respiration, and of every act of nutrition; 'as also under the influence of certain agents introduced 'into the organism."

Nor is our subject less interesting to you as pathologists, who have observed the wanderings of the mind in delirium at the bed-side of the patient, and who are well acquainted with the peculiar sensibility and capricious whims of the hysteric patient; inasmuch as you will observe in insanity some cases analogous to deranged nervous function, and others again to depraved nutrition. You will on the one hand see the effects of hereditary taint, where some weakness has been implanted, which is to produce in process of time its pernicious fruit; while on the other hand the disease will appear to be the direct consequence of the patient's own irregularities. Here you will observe the disease confined in its phenomena to the lobes of the cerebrum; while there you will be led to infer the complication, if not the dependence of insanity, upon the morbid poison of other diseases, and that the disorder in the functions of the cerebrum is in these instances secondary. To give you examples, we find that not only the insanity of the patient is transmitted to the offspring, but such diseases as scrofula and phthisis inherited by the child become the predisposing causes of insanity, either indirectly by their debilitating effects upon the constitution; or directly by acting upon the nervous centres in transferring the disease to them, and in setting up a species of strumous atrophy, which manifests itself by delusion and subsequent degeneration of the mental faculties. We also find cases of insanity complicated with gout and rheumatism and by applying our remedies

to the removal of the lithic and lactic acids, we observe the symptoms to decline.

I must take it for granted that you know nothing of the subject of which I am about to treat, for I wish to place myself as far as I can in the position of a person who sees a case of madness for the first time. To one who first visits an Asylum for the Insane, all must appear utter confusion, a thousand uncouth sounds strike the ear, many unwonted sights meet the eye. He is perhaps distracted by the multitude of new objects which solicit his attention, or work upon his feelings, and he may possibly leave the place in a frame of mind very nearly akin to disgust. Such no doubt will be the case with some among you. In this Hospital you will see almost every variety which the disorder presents. Here you may observe one occupied in scribbling disjointed texts from Scripture, or snatches of songs, upon the walls; there a woman with torn clothes, and hair dishevelled, strutting in all the pride of imaginary greatness; on one side you may hear the wild laugh and loud ravings of excitement, on the other the deep, and smothered moanings of despair; or crouching in a corner you may see a poor wretch sunk in the lowest depths of a vegetative existence, muttering sounds "unmodulated and expressionless."—*Shelley*.

Insanity, in its broad outline, is the same now that it was centuries ago: the different shades of the disease have indeed altered, influenced by the ruling passions of the particular period, but we cannot fail to be struck with the similarity of the descriptions given of madness by the ancients, with the symptoms which exist before us in our own day. Thus we read that Orestes was driven mad by the Furies, or as we should say, by remorse of conscience, after he had killed his mother Clytemnestra. Coelius informs us that in one of his paroxysms he bit off, and eat one of his fingers; after which, white Furies instead of black appeared to him. According to modern phraseology we should say that he laboured under hallucinations of sight. We have it also upon the authority of Erasmus, that he tore his clothes, which I need not say is one of the commonest occurrences in madness; and thus, "*Orestis pallium tendere*," became a proverb. One madman, says an ancient author, (Coelius Aurelianus, Lib. i. cap. 5,) imagines himself a God, another an orator, one a tragedian, or comedian, another carrying straw in his hand imagines that he holds the sceptre of the world. Areteus gives a



graphic description of Insanity, (*Χρονίωv Παθώv*, Lib. I. cap. 6.) "Some," he says, "are merry in their madness, they laugh, play, and dance night and day. Sometimes they walk about crowned as if they had carried off the prize of victory from a contest; others however are affected with raving madness, sometimes they tear their clothes, kill their attendants, or lay violent hands on themselves. If the mischief should become great, the senses are sharpened. They are suspicious and irritable without cause, where the disease inclines to melancholy; where however it has a tendency to excitement, they are cheerful, others are sleepless beyond measure: in both, the countenance is altered."

I might continue such quotations to a great length, enough however has been said to shew that the general features of the disease have not changed. It is easy when we see well marked cases of insanity to recognize them as such. Children are quick in discovering the weakness of the idiot, or the peculiarities of the confirmed madman; but the pupil who first enters a Hospital for the insane, may converse with many a patient whose disease is detected only with the greatest difficulty. When the great Mr. Burke had gone through some of the wards of St. Luke's Hospital with our late Steward, he turned to him and said, he had not seen one patient whom he considered insane. The Steward upon this, called one of the patients (who had particularly gratified Mr. Burke by his ingenious political theories,) and touched the chord of his delusion. The patient immediately began to talk of the porcupine quills, which he imagined to grow from his skin after each meal, and became so incoherent, that Mr. Burke was at last convinced, that madmen had not their disease stamped upon their foreheads; nor were they to be recognized at once like those figured by the pencil of Hogarth, or the chisel of Colley Cibber.

The disease is in some cases marked with characters so legible, that he who runs may read, but in others even the practiced eye fails to decipher it. There are a thousand shades of madness more or less distinct, a thousand variations of colouring more or less vivid; but still they are all classed under the general term Insanity, and the pupil naturally asks, what are the means furnished me for detecting the disease? What is the standard which is to guide me in determining this man to be eccentric, that man mad? It must be confessed that this problem has

never been satisfactorily solved, definition after definition has been invented with but little success; eccentricity and passion run so imperceptibly into insanity, that it is sometimes very difficult to say where the one ends, and the other begins. Some of you may possibly at some future period be asked in court to give a definition of insanity. Nothing would please the cross-examining counsel more than your complying with such a request. Suppose you were to say that Insanity is a delirium without fever, which is a very good logical definition of the disease, you might immediately be answered by the fact, that there are some cases of insanity which exist with fever, and other cases without delirium. The most comprehensive definitions indeed often shew that he who has invented them has become involved in a vicious circle. When Aristotle defined prudence, he seems to have been oppressed with the same sort of difficulty; he says, (*Ethics*, Book vi. chap. 5,) "Observe the habits and actions of the prudent man, and you will then know what prudence is;" so will you be able to learn what madness is, by observing the conduct and conversation of the insane.

In examining any case of insanity, there are four symptoms which it is necessary for you to investigate, viz: those of the intellect, the affections, the bodily health, and the conduct. In the present Lecture I propose to consider the two first symptoms, and I shall leave the latter to be treated of as the particular forms of insanity come under our observation.

The study of the mind in a state of disease, requires a knowledge of the mind in a state of health, for you will not be able to understand psychopathy, if you know nothing of psychology. I may therefore be allowed briefly to remind you of this portion of the subject, as it is that with which you may possibly be the least familiar.

There are, as you know, many forces existing in the body, the combination of which, and the mutual action and reaction of which, constitute life. One of these is the mental force, the mental principle: this principle is present in every living animal body; but it must not be confounded with the mental operations. The mental principle is common to every part of the body. The mental operations have a more special reference to the action of the mind on the brain. The mental principle commences with the first dawn of life. The mental operations are not wholly developed till the cerebral ganglia are perfected.

The child enters the world gifted with a mind capable of acquiring ideas by the exercise of the observing faculties, but not gifted with innate ideas. "Nihil est in intellectu, quod non erat prius in sensu;" and as has very appositely been added, "Nisi ipse intellectus." He gradually acquires new ideas; day by day he is adding to his stock, and is storing them up in the memory; day by day he is gaining experience of distances and the like. The instincts of self preservation and of imitation by degrees assume new power, and present new and enlarged desires. The faculty of speech, slowly acquired, is at length perfected; ideas become thoughts; to ideas of observation are added those of reflection; and the child becomes a conscious, observing, reflecting, responsible being, with desires and aversions, with hopes and fears; with an inward monitor, his ever present guide, which distinguishes right from wrong, and which he disobeys at his peril.

The mind is single, and indivisible, and eternal. The different atoms of our bodily frame are renewed every moment of our existence; but the mind remains to bear witness to the end of time of our thoughts, and words, and actions. This is what is meant by personal identity. The mind is ever changing, but its essence is ever unchangeable; each moment brings its new idea into being, but that idea, according to the use which is made of it, is stamped upon the mind for good or evil to all eternity. Every one is conscious that there is a stream of ideas ever passing through the mind; of what kind this current is depends upon the purity, or impurity of the source whence it springs. Thoughts come into our minds on a sudden, we know not how, and other thoughts follow in rapid succession; if they are allowed to pass passively without any effort on our part to direct or control them, it constitutes reverie. It is impossible for us to prevent this springing up of new ideas, but it is in our power to direct the mind to other ideas, or to guide the current into a new channel; and upon this depends much of the difference which we observe among men. The mastery of self is acquired gradually by keeping those ideas before our minds which are good and noble; and by rejecting those that are the contrary. The mind is capable of being affected differently, according as different thoughts are presented to it; and according as it is occupied in observing and reflecting upon these thoughts.

We are conscious that we have the power of selecting or



rejecting the thoughts which instinct, passion, and emotion furnish: our will renders us either the masters or the slaves of our desires; and upon this depends our conduct. The intellect itself does not influence our actions; we act in such and such a manner because some emotion has been touched, and because we will it. The will therefore may be considered the centre through which emotion passes into action. There is this difference however between insanity and vice: insanity is diseased will; sin is depraved will.

The intellectual faculties in insanity are affected either by undue activity or extreme dulness. On the one hand we observe ideas crowding into the mind too quickly for all to find utterance, and thereby producing incoherence: the current of thought becomes a torrent, carrying every thing before it with tumultuous rapidity. Or we see the mind concentrated upon one idea, actively engaged in viewing it in different forms, and seldom led away to the consideration of any other subject. On the other hand we meet with gradual decay of the mind, and congenital deficiency. All the different faculties or states of the mind are liable to become disordered. We cannot be surprised to find that perception is changed, connected as it is so intimately with sensation, which furnishes it so frequently with faulty impressions, and cheats it with illusive representations.

The perceptive faculties partake of the activity and dulness observed in the other faculties. They are, generally speaking, acute in mania, disregarded in monomania, blunted in dementia, and developed with difficulty in idiocy. Perception is much influenced by the state of the vessels in the brain, as we see in the double vision of drunkenness; so also in insanity one patient cannot read because he sees double letters, another has a sensation of vertigo, which is occasionally the cause of delusion. Mistakes arising from the impaired function of this faculty are very common. Madmen often mistake friends for enemies, because they imagine that their external appearance is altered. A patient of mine thinks that her friends change the color of their faces from green to black and white at pleasure.

In some patients memory is not affected at any period of their illness, indeed, what has occurred during their insanity often appears to have made a deeper impression upon their minds than in health, as they are able to describe every event with the most scrupulous accuracy; so that due caution must be observed in making any observation in the presence of the patient. These remarks refer chiefly to cases of mania

where the faculties are sharpened and the impressions vivid, not to those where the symptoms of the early stage of the disorder are very urgent: these have no recollection of what has happened until the acute attack has passed off. In dementia the memory is very treacherous, particularly as to recent occurrences, but some retain a lively recollection of bye-gone days; frequently during the acute stage of mania, and as fatuity advances, they are forgetful of their daily wants, forgetful of the common decencies of life, and sink into a state of utter helplessness.

[To be continued.]

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*Observations on Convulsions.* By ROBERT BOYD, M. D.,  
F. R. C. P. London; Physician to the Somerset County  
Asylum.

The term spasm was applied by Dr. Cullen, to a state of muscular contraction more violent in degree than is usual in health. Where the contraction is succeeded by relaxation, and immediately repeated without the concurrence of the will, or from natural causes, he applies the term *convulsion*. Dr. Copland, in his Dictionary, has given a fuller definition, to distinguish convulsions from allied and specific diseases, as tetanus, &c. Andral's definition is similar to Copland's, with this addition, that there is or is not loss of consciousness. When there is loss of consciousness the disease is termed eclampsia, always without foaming at the mouth; by which eclampsia is distinguished from epilepsy.

Examples of these three different forms or degrees, as far as the motions are concerned, but with more or less loss of consciousness in all, have recently come under my observation amongst the male patients in this institution. The first two cases, in which there was loss of consciousness, were attended merely with spasm.

Case 1. A carpenter, aged 62, married; health feeble. For two years before his admission, he was reported as being subject to epileptic fits, and as having for the last two weeks been considered dangerous to himself and others, in a state of mania. Since his admission to the asylum,

he has been very quiet and regularly at work at his trade, except for a few days when he had œdema of the feet and legs, which improved after taking diuretics; urine free from albumen. On two occasions he has been suddenly seized with spasm, when he caught hold of the board on which he was at work, and it could not easily be got from his grasp; he lost consciousness for a few moments, his eyes became fixed, and turned upwards, and he would probably have fallen, had he not been supported. It is three months since the last attack. He is now quite rational, and will soon be discharged on probation.

Case 2. A soldier, aged 64, reported as being subject to paroxysms of melancholia at considerable intervals with suicidal tendency; ordinarily tranquil, and very industrious. There was no report of any tendency to epilepsy in his case; he says he never had fits. He is in indifferent health, and has had slight symptoms of scurvy, which shewed itself chiefly in one leg. He also employs himself in the carpenter's shop, and has had four seizures of spasm with loss of consciousness for about two minutes. The skin on the front of his neck becomes red, and continues so whilst the attack lasts. There seems to be a partial suspension of respiration. The neck is rather rigid, and eye fixed; pulse about 72. On coming to himself, he spits out a little to clear his voice, answers sharply, quite unlike his usual tone, and entirely forgets what he has just been doing, but perhaps returns to what he had done two days previously. In about five minutes consciousness returns. He then goes on with his work seemingly quite unconscious of what has happened, and if questioned denies that he has had any fit.

The next is an example of loss of consciousness, attended with convulsions merely of the muscles of the neck and face.

Case 3. A man who worked in an iron foundry, aged 43; imbecile, and reported as being subject to epileptic fits from childhood, which, just previous to his admission, had become very frequent, sometimes three or four fits in the twenty-four hours. He was nearly nine months a patient in the asylum before his death, and in that time had nine fits. He died from pneumonia succeeding severe diarrhœa. In his fits he became unconscious, but never fell down; he cried out with a subdued scream, and the muscles of the face and neck only became convulsed. Consciousness returned gradually in about two or three minutes. His head was unusually small,



and on the *post mortem* examination the cerebral hemispheres were found to be unequal in size.

The following is an example of convulsions occurring in a case of general paralysis combined with dementia.

Case 4. A maltster, aged 46; married; of powerful frame; height, 5 feet 10½ inches; weight, 186 pounds. It was reported that twelve months before his admission, two sacks of barley, weighing four cwt., fell on his back and injured him. He was in hospital for eight week on account of the injury. He was in the habit of drinking six pints of beer daily when at work. The circumstance of his being obliged to give up his employment during the last six months seemed to have preyed upon his mind; he became changed in his habits, and soon began to display the characteristic symptoms of general paralysis.

Two days after his admission he had a severe attack of convulsions, in which the right side was most drawn, pupils contracted, full compressible pulse (120), breathing easy, no frothing at the mouth. With intervals of only a few minutes the convulsions returned six times in the same afternoon; he was unconscious. The second day after this attack he became very violent, and broke several squares of glass; the second day after that he had convulsions five times; and this second attack was similar in every respect to the first as above mentioned. It is three months since this occurred, and he was never at any period of his life subject to fits of any kind. He has been in a quiescent state ever since the attack. The treatment pursued in his case was, blistering the nape, and giving him the "*liquor hydrargyri bichloridi*," two drachms twice daily, which he continues to take regularly, and is gradually improving.

The following case resembled epilepsy in every respect, but there has been no recurrence of the attack.

Case 5. A laborer, aged 54. Has been eleven years an inmate of lunatic asylums from recurrent mania: never had epilepsy. About three months ago had three fits on the same day, with short intervals between, attended with violent convulsions of the whole of the right side, and froth mingled with blood oozing from the mouth. He was in feeble bodily health at the time, recovering from erysipelas of the head, and was also in a state of maniacal excitement.

The last case to be here mentioned is one of irregular and involuntary convulsive twitchings of the muscles of the face and limbs (*chorea*), occurring at long and uncertain intervals.

Case 6. A man, aged 47, imbecile, three years in the

asylum; has been always subject to chorea, principally affecting the muscles of the face and arms; and the convulsive movements have continued sometimes for three or four days, during the whole of which time he had to lie on beds placed on the floor, as he was unable to stand or lie in a bedstead without injuring himself: he never loses his consciousness in these attacks. Various remedies have been tried in this case, and latterly tincture of sumbul has been given as an antispasmodic, with decided advantage: the fits have been much less severe.

The foregoing cases shew that convulsions, in various forms, are not uncommon amongst the insane, who as far as we know may be laboring under *functional* disease of the brain. Convulsions have also been observed amongst patients affected with general paralysis, in whom, an examination after death generally revealed inflammation of the spinal cord. According to Copland, convulsions as well as epilepsy are frequent complications of every form of insanity, and are considered very unfavorable.

We also find that convulsions attend almost every variety of *organic* disease of the brain. In the writings of Bonetus, (*Anatom.*, 1700, tom. 1, sect. xiii.) a case is mentioned where there was putrid and foetid discharge from the nostrils. Another, where there was serum in cerebrum and spinal canal. Another, where serum was formed in the cerebral ventricles. Another, from fracture of the skull. Another, from effusion of urine, &c. Hippocrates asserted that convulsions were brought on either from repletion or inanition. Galen also considered these two the chief causes, but added a third, irritation, which is by some referred to repletion, and for this state blisters were considered the fitting remedy.

The brain requires a certain quantity of blood for its nutrition and the proper exercise of its functions, and if there be a sudden increase or diminution in this quantity, convulsions will be the result.

Hoffman says that the membranes of the spinal cord are affected in convulsions.

Morgagni (*Seats and Causes of Disorders*, letter x.) treats of convulsions, and amongst other causes, mentions disease of the kidneys. Boerhave mentions, that in man in the greatest debility, spasms and convulsions are wont to precede death, and in animals, from fatal hæmorrhage, and from over dose of some vegetable poisons. I have observed convulsions in adults attend cancer of the brain (*Edinburgh Medical and Surgical Journal*, No. 172). Also within a short period I observed

convulsions in two aged females with granular disease of the kidneys; and convulsions occurred seven hours before death, in one male adult with enlarged kidneys and heart, dropsy, and enlargement of the brain.

Copland mentions an epidemic of convulsions that occurred in the West of Scotland in 1742, from hearing addresses directed to the imagination and passions of their hearers by the followers of Whitfield. Another epidemic in Cornwall, in 1813-14, from similar causes, is described by Mr. Cornish.

Puerperal convulsions occur during the latter months of pregnancy and parturition.

It has been observed that in females of a nervous constitution, and in children under eight, convulsions occur at the outbreak or commencement of several of the acute distempers; and according to my observations, were the immediate forerunners of death, in young infants suffering from the eruptive fevers, complicated with pneumonia. *Edinburgh Medical and Surgical Journal*, No. 156.

Strong emotions in infancy, as fright, anger, &c. are predisposing causes. The children of epileptic persons often die in convulsions, and the records of lunatic asylums shew that those of their children who survive, often become epileptics and insane. In six infants who died from convulsions, four males and two females, whom I examined, within a short period, two males and two females were from one to four weeks old, and two males were eight and eleven months respectively. In one male infant the convulsions lasted five days, in the other males the convulsions were of shorter duration. In one female a week old, the convulsions continued nearly from birth, in the other female infant, convulsions continued for ten days. *Head*, in three males and one female, the cerebral vessels were congested with blood. In one male the brain was unusually large. In one female the brain was in a normal state. *Chest*: the lungs were congested with blood, or inflamed, "hepatized," in all the six infants. In one male the "foramen ovale" of the heart, and the "ductus arteriosus" were open. *Abdomen*: in one male, the viscera were unusually pale; in one male, the mesenteric glands were enlarged. Children born with large heads, strumous habits, fine white skin, the muscular system little developed, and subject to diarrhœa, are prone to convulsions; they have also succeeded an eruption on the head, and frequently occur during dentition. Valsalva observed, that the external figure of the cerebrum which follows the figure of the skull, when it is not



natural, may indicate something entirely foreign to the intentions of nature, which renders it prone to diseases.

Convulsions may terminate in some of the diseases of the brain, or in death, and death may occur either by the brain, the lungs, or heart, as shewn in the foregoing cases. Andral found in fatal cases of convulsions, frequently lesions of the brain, varying in extent from simple hyperemia even to extensive softenings; but in many instances, no lesion was discovered; and such cases he sets down to irritation.

The symptoms of convulsions may occur during the course of any other disease, or in a state of perfect health, and leave not a trace behind. They consist of various movements, bending of fingers and toes, shaking of the head, convulsive motions of the eyes, which are sometimes turned upwards, and at others inwards or outwards, contortions of the face, contractions of abdominal and thoracic muscles, and spasm of the diaphragm, producing hiccup, the tongue is sometimes protruded, at others retracted. The involuntary muscles, as the heart, are seized with palpitation, and the peristaltic actions increased in the intestines. Sometimes there is vomiting and involuntary dejections.

The convulsions are either general, which is rare; or partial, which is common.

Irregular muscular motions are not the only symptoms; there is also incomplete, and sometimes complete loss of consciousness.

The muscles after violent convulsions often become painful, ecchymosis is sometimes produced, or even dislocations, rupture of tendons, and even sometimes fractures.

The duration is variable.

There is a tendency to recurrence. The recurrence of convulsions has been known to have ceased after vaccination.

As to the *treatment*, no uniform plan can be adopted, it must entirely be regulated and guided by the causes.

The diet and regimen ought to be carefully attended to. In infants and young children crying should be prevented, if possible, as it often brings back the seizures. When the bowels have been sufficiently evacuated, the "*hydrargyrum cum creta*" is recommended. Bloodletting and evacuants in cases depending on plethora, and the very opposite treatment in cases depending on anemia. Narcotics are sometimes indicated, also ammonia, ether, tincture of castor, or tincture of sumbul, are very useful; quinine in some cases, also nitrate of bismuth, and oxyde of zinc. Purgatives are also

indicated, and oil of turpentine, particularly if worms are supposed to exist.

Warm or vapour baths, or fomentations in cases of a suppressed eruption, may be found beneficial. Blisters and sinapisms as counter irritants are often applicable.

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*The Military Lunatic Hospital.* By C. LOCKHART ROBERTSON, M.B., F.R.C.P. Edin.; sometime Assistant-Physician to the Military Lunatic Hospital at Yarmouth; Honorary Secretary to the Association of Medical Officers of Hospitals and Asylums for the Insane.

In a former number of this Journal (No. 11) attention was drawn in a leading article to the breaking up of the Military Lunatic Hospital at Yarmouth, Norfolk, and in the next number I was led to make one or two remarks on the question, actuated by a natural sympathy with the present sad state of my former patients.

The interest thus excited in their favor led to a question in the House of Commons on the 20th July, 1855, which is thus reported in the *Times* of the 21st.

*“Military Lunatics.*

“Mr. MOODY inquired of the Under Secretary for War “whether any alteration had taken place in the treatment “of military lunatics at Fort Pitt, since the last Report of “the Commissioners in Lunacy upon it; also what provision was made for military lunatics generally; and “what appropriation had been made of the £60,000, voted “a few years since, for the erection of a military lunatic “asylum?

“Mr. PEEL said, when military lunatics arrived at Chatham they were detained there, pending an inquiry as to “whether they were fit to be sent to their respective homes, “or to the military asylum. During the period of their “detention at Chatham, the accommodation provided for “them was at present very imperfect, but the Commissioners in Lunacy having reported the circumstance, “it had been determined to erect a separate house for the “temporary reception of the soldiers. Plans had been “obtained, and instructions had been given to the Board of “Ordnance to proceed at once with the works. He was not

“aware that any portion of the vote had been applied for  
“the erection of military asylums, nor of building a district  
“asylum at Chatham.”

The question, I trust, will not be allowed to rest under this unsatisfactory reply. The whole of the vote referred to should surely be applied to the purpose for which it was voted. The public will look to Mr. Moody to endeavour next session to obtain some more satisfactory information on this important subject. In the meantime a brief survey of the history of the establishment may be not uninteresting.

The first public reference to the existence of such an establishment as the Military Lunatic Hospital is contained in the first Report of the present Lunacy Commissioners in 1844, when, under the provisions of the 5 & 6 Vict., cap. 87, they were by the Lord Chancellor empowered for the first time to visit that hospital. The result of their visit is thus reported. “The Military Hospital at Fort Clarence,\* near Chatham, is well situated. That part of the fort which is appropriated to the residences of the officers is very gloomy and ill suited for a receptacle for insane soldiers. Some of the sleeping rooms for the private soldiers are sufficiently good, but others are dull and cheerless. The exercising ground for the officers and the yards for the soldiers are cheerful, but are not sufficient in number or size. The buildings and grounds admit of great improvement; but we understand that the inmates of this hospital are about to be removed to a new asylum.”—*Report of the Metropolitan Commissioners in Lunacy to the Lord Chancellor.* 1844.

It was in 1819 that at Fort Clarence an asylum was first opened for the reception of insane officers, soldiers, and women belonging to the army; and in that year four officers, sixty-two non-commissioned officers and privates, and two women were admitted into this hospital.

I have in former years read through more or less the annual reports furnished by the medical officer in charge, to the Director General of the Army Medical Department, from the year 1819 downwards, and my impression strongly is that the treatment, moral and medical, of the patients at Fort Clarence, was in every way superior to that pursued in the few existing public institutions of that date, as for example the York Asylum, and of course much more so to that of the mass of private asylums of the period.

\* Fort Clarence is now used as one of the New Military Prisons: a purpose for which it is well adapted.



Sir James M'Grigor, like his patron the Duke, was in his prime a man essentially ahead of his age,

“Like some of the simple great ones gone

“For ever and ever by,”

and the old regulations drawn up by him for the government of Fort Clarence breathe a spirit of scientific humanity, which it required twenty years of progress to infuse generally into the civil establishments for the insane. Throughout his long tenure of office he was ever anxious to adopt into the Military Asylum every modern improvement in the treatment of the insane. The fittings and furniture of the Yarmouth Hospital, for example, were under his directions, (and those of the then Secretary at War, Lord Panmure, who dealt most liberally by the establishment,) prepared at the Tower, after the most approved models at Hanwell; and at his frequent personal inspections at Fort Clarence he evinced a warm personal sympathy with its afflicted inmates, which in after years I have often heard spoken of with grateful remembrance.

The new asylum which the Commissioners in their Report for 1844, which I have quoted above, refer to, was to have been erected between Maidstone and Chatham, with a sum, I believe, of £60,000, voted by the House of Commons for the purpose. A site was purchased but ultimately abandoned, and the Naval Hospital at Great Yarmouth, Norfolk, selected to replace permanently for the benefit of the insane patients of the army, that establishment which the Commons had decreed should be built.

It was fitted up under the directions of the staff surgeon then in charge of the establishment, Dr. Sillery, aided by the experienced counsel of Dr. Southey, of Harley, the Chancellor's adviser in cases of lunacy.

The patients were all removed under Dr. Sillery's personal superintendence in October, 1846, from their temporary hospital at the Shorncliffe Barracks (where the Foreign Legion now lies) in one day, without one untoward accident, to Yarmouth. I do not believe that a better conducted asylum, or one more open to progressive improvement existed in the kingdom, than that I found at Yarmouth under Dr. Sillery's most able management, when in February, 1847, I joined the establishment as assistant physician.

In my former Letter, as also in a correspondence which I published in the *Provincial Journal* in October, 1851, I have related the history of the Military Lunatic Hospital, subsequent to its removal to Yarmouth.

It is to me so involved with personal considerations, now long past, that I am unwilling to enter again on the question; suffice it for my present purpose to make the following extract from the last report of the Commissioners in Lunacy, (May 1855,) which relates the final closure of the establishment: "The Yarmouth Hospital ceased in May, 1854, to be occupied as a hospital for military lunatics, possession of it having been resumed by the Board of Admiralty for the purposes of a general hospital for the sailors of the Baltic fleet. The improvements, therefore, which we anticipated in our last report, as likely to arise from the appointment of Mr. Dartnell, as permanent medical superintendent of the institution, and which were in progress when the hospital ceased to receive lunatics, were only partially carried out. At that time the lunatic patients at Yarmouth consisted of 19 officers, 69 soldiers, and 5 women; for whom it became necessary to provide elsewhere without delay. The Secretary at War having requested our opinion as to the best mode of providing for those inmates, we named Grove Hall, Bow, as a well-conducted asylum, and capable of affording proper accommodation\* for the soldiers and women; and we, at the same time, named Colton Hill Lunatic Asylum Hospital, (an institution under good management, near Stafford,) for the officers. The patients were removed to these establishments accordingly. *But we trust the arrangements thus made are merely of a temporary character, inasmuch as we should be unwilling to abandon the hope that a distinct asylum will be established for insane soldiers, for whom no public provision at present exists, except the very inadequate and unsuitable accommodation appropriated to them at Fort Pitt, Chatham.*"

Any such retrospect as I have now taken would merely be a useless effort at fault-finding, did it not lead to practical inferences, and point to future amendment. The errors which history relates are of value—not as records of error, but as warning lessons for the future. Likewise it is my object, on the present occasion, to endeavour to give to this paper a practical result, and to briefly, in conclusion, enunciate the principles on which *the future Military Lunatic Hospital* should be established and conducted.

1.—*The intentions of Parliament should be carried out, and*

\* Colney Hatch Asylum was built at a cost of £286,865, in order to afford to the Pauper Middlesex Patients better accommodation than they had at Grove Hall, Bow, and other such private pauper asylums. Accommodation which the legislature thus considers improper for the paupers belonging to the County of Middlesex, cannot, save in the qualified sense evidently implied by the Commissioners, be viewed as proper for the soldier when mentally afflicted.

a hospital specially built for the accommodation of the insane patients of the army. It seems almost strange in a country where the authority of the Parliament is received as supreme, that the press should be called upon thus to advocate its liberal intentions towards the afflicted and the unfortunate, and to protest against the official routinists, who have dared to neutralize and set at naught the declared intentions of the legislature.

The observations of the Commissioners in Lunacy in their Report to the Chancellor, of the 31st March, 1855, ought surely to be final on this question. "We trust that the arrangements thus made (the farming out of the insane soldiers,) are merely of a temporary character; inasmuch as we should be unwilling to abandon the hope that a distinct asylum will be established for insane soldiers, for whom no public provision at present exists, except the very inadequate and unsuitable accommodation appropriated to them at Fort Pitt, Chatham.

2.—*The "very inadequate and unsuitable accommodation for insane patients at Fort Pitt, Chatham," should be closed.*

A plan exists in the Army Medical Department for treating the soldiers who shew symptoms of insanity for a month or two with their regiments, and then they are transferred to Fort Pitt, Chatham, where more than another month of valuable time often is lost as regards their treatment, while weary foolscap medical boards are being held on the ultimate destination of the patient—whether he be forced on the parish authorities, or cared for by the country, in whose service the loss of intellect befel him.

Now such a scheme of delays is fraught with imminent danger to the ultimate recovery of the patient. This fact is dwelt upon in the reports, I believe, of every county asylum. Were it not that, in dealing with a body so obtuse as the late Army Medical Board, the most elementary principles require enforcing, I should almost apologize for thus dwelling on so recognized a principle as that of the immediate removal of the insane to the special treatment and surveillance, which this class of disease demands.

Besides, the accommodation at Fort Pitt is quite unsuited for the purposes to which the Army Medical Department attempt to use it, even were the various medical officers, to whose charge these wards are entrusted, competent to treat such cases, which they are far from being. As regards the unfitness of the accommodation at Fort Pitt, it will suffice to quote one or two extracts from the last Report of the



Commissioners in Lunacy: "As regards Fort Pitt, in our last report we remarked on the practice of placing insane soldiers in a part of the building described by two members of this Board, who visited it in July, 1853, as gloomy, damp, badly ventilated, poorly furnished, and in other respects very unfit for the reception and accommodation of lunatics. And we observed that the patients had few opportunities of taking the air, except what were afforded in the narrow, damp passage, leading to the rooms occupied by them; that no books were provided, that the patients never attended divine service, that they were rarely visited by the chaplain, that although Fort Pitt was intended as a temporary provision for the insane patients, the accommodation and treatment provided for them were defective, even for that temporary purpose; although within a short period, nearly 40 lunatic soldiers at one time had been confined in Fort Pitt. We found on the day of our visit (14th August, 1854,) only 13, four of whom being invalids were in the ordinary wards of the hospital, and the remaining nine were in the 'pit,' or casemate; the very objectionable state of which was strongly animadverted upon in the report of our visit in July, 1853. We found the patients in good bodily health, clean in their persons, free from excitement, and under no mechanical restraint. We regret extremely to observe, that the accommodation provided in this casemate is substantially no better then when seen by us last year. The wards indeed were clean and less damp, nevertheless, we consider this part of Fort Pitt altogether most unfit for the reception of lunatics. The periods during which insane soldiers are kept in Fort Pitt have been considerably diminished; we found, however, that in several instances, soldiers had been so kept for more than a month, and we are of opinion, that even the temporary confinement of a lunatic, in a place so destitute of the means of ameliorating his mental condition, must materially lessen the chance of his recovery."

3.—*The new Military Lunatic Hospital should be subject to the inspection of H.M. Commissioners in Lunacy.* Were the errors and faulty efforts of the Army Medical Board, in the matter of the Military Lunatic Hospital insufficient to convince us how unsuited any but *special* inspection and control are, in dealing with the peculiar difficulties of establishments for the insane, the sad disclosures at Bethlehem Hospital in 1852, must be held conclusive evidence on this point.

The practical reform thus briefly chronicled in the Commissioner's Report for 1854, "Bethlehem Hospital has by the Act 16 and 17 Vic., c. 96, been placed under the jurisdiction of this Board, and has been duly registered as a "hospital accordingly," must be extended to the military lunatic hospital.

During the five years I was attached to the military lunatic hospital at Yarmouth, we were only twice inspected, and that by a medical officer admittedly quite unversed in all that related to the treatment of the insane. Dr. Andrew Smith never once looked near the establishment.

Similar is the experience, according to the Commissioners in Lunacy, in the lunatic wards at Fort Pitt, Chatham. "Asylums, registered hospitals, and licensed houses," they observe, "are by law made subject to official and independent inspection, at uncertain times, and without previous notice. "The Board will, therefore, regret to learn that no such inspection takes place at Fort Pitt, and that as far as we are informed no official person connected with the War Office or Horse Guards, has hitherto been in the practice of visiting the "insane soldiers confined at Fort Pitt." *Report of Commissioners in Lunacy, 1855.*

On like grounds, should the certificates and other documents in the army be remodelled on the legal forms now elsewhere required by the recent Act of Parliament.

4.—*The new Military Lunatic Hospital should be placed under the charge of a permanent medical officer, subject to the immediate control of the Minister of War.* Dr. Andrew Smith believes that the insane patients of the army are best cared for by a frequent change of medical officers, inexperienced as regards the treatment of mental disease.

This singular opinion hardly requires a refutation, the more so as Dr. Smith was in practice ultimately (after much unpleasant altercation,) forced to abandon his mischievous theory. In September, 1851, I brought the question to an issue in my own person: I failed, and consequently tendered the resignation of my appointment at the Yarmouth Hospital.\*

\* I make the following extracts from a letter, which on this occasion I addressed to the then Secretary at War: "It cannot, I think, be "questioned by any competent member of the medical profession, that the "practice of frequently handing over the insane patients of the army to the care "of officers quite unacquainted with the practice of this special department of "medicine, is alike injurious to their interests, and to the scientific status of the "Military Lunatic Asylum. *So uniform is the opinion and practice of the "medical profession in this regard, that I deem it quite superfluous to enlarge on "it.* I would merely add, that any reference to H.M.'s Commissioners in Lunacy

The principle, however, for which I had contended, soon triumphed. The adoption of my views at the Military Lunatic Hospital followed within a year of my resignation, and is thus noticed by the Commissioners in Lunacy in their Report for 1854: "With regard to the Military Hospital at Yarmouth, we have from time to time made various recommendations to the Secretary at War, one of the chief objects of which has been, to cause this establishment to be placed in a position somewhat similar to that at Haslar.† Between Haslar and Yarmouth an important distinction formerly existed; namely, as respects the permanence of the medical superintendence. At Haslar both the offices of resident medical officer and his assistant were many years since made permanent appointments; whereas at Yarmouth the gentlemen holding these offices were removable to other duty, according to the regulations of the army. The advantages arising from the adoption of the one plan, and the disadvantages resulting from the other, being very obvious, we strongly urged in our Report to the Secretary at War, dated the 24th day of June, 1852, the desirableness of appointing a fixed resident medical superintendent to the Hospital at Yarmouth. To this recommendation a ready assent was accorded, and towards the close of the year 1852, Mr. Dartnell entered on his duties as permanent medical superintendent, much to the advantage of the institution."

5.—*The new Military Lunatic Hospital should be situated within ready access to London, and probably in the vicinity of Chatham.*

This is desirable both for readier communication with the authorities, and also as enabling the Minister of War entirely to dispense with those wretched wards I have already referred to at Fort Pitt, transferring to a ward in the new asylum set apart for that purpose, the soldiers under *observatio pro mania*.

"must necessarily support this view. . . . Having been specially brought into the service for the duty of the Military Lunatic Hospital, I feel that I have been most hardly dealt with by the recent decision of the Superintendent to remove me from the same, and I cannot—much as, for many reasons, I shall regret leaving H. M.'s service—so long as the Secretary at War expresses his approval of this step, in any way recede from the position I have taken. I feel it to be a duty I owe, alike to the medical profession and to myself, at no cost to compromise the principle which I hold to be violated by my removal from the Asylum, viz., the recognition of special professional fitness in the distribution of the patronage of the Medical Department of the Army in place of that of mere military routine."

† The Naval Lunatic Hospital, an admirably conducted establishment.



The vicinity of Chatham presents among many advantages, that important one of rendering the new Military Lunatic Hospital, a school for the instruction in mental disease, of the candidates for commission in the medical department, on probation at Fort Pitt.

The importance of every medical officer in service, thus obtaining some acquaintance with the elements of mental pathology, cannot be overrated. In the colonies, at the seat of war, the medical officer is frequently called upon to deal with incipient cases of mental disease.

6.—*The building should be adapted for the ultimate reception of 300 patients.*

The numbers at the Yarmouth Hospital never exceeded 130. Looking however to the mass of insane pensioners scattered throughout the country, occupying place in our county asylums, otherwise so needed, *and whose pension would moreover pay the expense of their maintenance*, it may be fairly asserted, that any new arrangement for the reception of the insane patients of the army should be large and wide enough to include all who may through service have earned a just claim on their country's care. I have ventured in the above number to indicate my impressions of the proportion of insane out-pensioners and soldiers who have a claim to be cared for by the state.

I would thus conclude my appeal for justice to the insane patients of our army. This appeal I conceive to be doubly well timed. Old forms are going out, and new life is being infused into the public departments of the Government. Moreover, there presides at the War Department a responsible cabinet minister, alike able and anxious rightly to fulfil the varied duties of his office. Already in the subordinate office of Secretary at War he evinced an enlightened interest in the prosperity of the Yarmouth Hospital. The revolving years have again placed Lord Panmure—now with enlarged and absolute powers—at the head of the War Department, and thus is reserved to him the privilege of founding the new Military Lunatic Hospital, and of so perpetuating amid those, the sorest afflicted of mankind, the memory of his enlightened administration.

I cannot better bring these hasty observations to an end than by commending to the consideration of the Minister of War the following well-weighed opinion of Her Majesty's Commissioners in Lunacy: "WE HAVE BEEN ESPECIALLY  
"ANXIOUS TO RENDER EVERY ASSISTANCE IN OUR POWER TO-

“WARDS PROMOTING THE IMPROVEMENT OF THESE HOSPITALS,\*  
 “AS WE ENTERTAIN A STRONG OPINION THAT THE MAINTENANCE  
 “OF WELL CONSTRUCTED, WELL MANAGED, AND COMPLETE ASYL-  
 “LUMS, AFFORDING THE BEST ACCOMMODATION AND TREATMENT  
 “FOR BOTH OFFICERS AND MEN WHEN ATTACKED WITH INSANITY,  
 “ARE INDISPENSABLE TO THE PUBLIC SERVICE.”

1, *Charles Street, Berkeley Square,*  
*September, 1855.*

I have, since the above remarks were written, had an opportunity through the courtesy of Dr. Stewart, the Physician in charge, of personally visiting the Naval Lunatic Hospital, at Haslar. I have rarely seen a more admirably conducted institution. Moreover it bears, what I regard as most essential to its usefulness, a marked professional character. The insane sailor still finds himself under the control and care of the Admiralty. From the ample grounds overlooking the waters of the Solent, all the familiar objects of his profession meet his eye. The Portsmouth harbour, the moorings at Spithead, the Admiral's flag-ship, the men of war passing out on their glorious career; all recall the daily occupations of his life. So too, the sound of the evening gun breaking through the still summer night, while further out on the horizon, rise the towers of Osborne, recalling thoughts of Her whose service he has sworn to, and who recently indeed graced those very grounds with Her royal presence.

Compare this with the *entourage* of Grove Hall, Bow, the dismal London suburb.

Yet what opportunities does the vicinity of Chatham lying too in the fair Kent, garden of England, afford for similarly placing the insane soldier under his professional influences. The bugle call, from the heights of Chatham, sounds far up the valley; the daily passing to and fro from the depots of men belonging to half the regiments on foreign service, and all the varied military character of the place, present elements of treatment to the hand skilled to minister to the mind diseased, in my judgment, of the highest value. May they not long thus lie unused.

\* The Military and Naval Lunatic Hospitals at Haslar and Yarmouth.

*On the Pathology of the Urine, and the relation which that Fluid bears to other Excretions in Mental Diseases.* By C. M. BURNETT, M.D., Westbroke House, Alton, Hants.

Our knowledge of the causes of mental diseases, in spite of the conflicting statements of morbid anatomy, has of late years had a tendency to remove from our minds, many doubts we might have been disposed to retain, as to the important part which the body takes, as an organic system, in the production of those diseases ; and the ample results of a persistent and judicious application of therapeutic means, justifies the belief, that as the science of animal chemistry advances, and our knowledge, not merely of ultimate analysis, but of organic synthesis, is enlarged, we may have the gratification of seeing this protean malady deprived of many of its most painful and most formidable symptoms.

Let us then hope there is much truth, in what one of our own poets has said ; “But madness proveth mind ; the “fault is in the engine, not the impetus. Dissipate the “mists of matter : lo the soul is clear.”†

We all know full well how much the mind is dependant upon its bodily instrument, for the right and normal development of its various attributes and faculties. How entirely its proper phenomenical operation is made to bear the very closest relation, not only to the quantity of those particular materials, which make up the aggregate of its weight ; but, to the quality and the relative constituents of those materials.

And, if any thing occurs to disturb these proportions ; one of the first consequences of such a change, or displacement in the material balance ; is, a corresponding alteration in the mental phenomena.

If these morbid alterations in the organic structure, are the gradual results of a disease, which has been in a state of progressive development, during the period of the growth of the body ; we are able to trace their cause, either to the gradual arrest, as in the case of the Cretin and the idiot, of some of the most important elements, that go to form its structure ; or to the morbid increase of those elements, as in the case of the rachitic and scrofulous subject.

\* Tupper's Proverbial Philosophy.



In the one class, we may observe, if for example, we take any one of the mental attributes, such as memory, that there is a deficiency in this attribute, called *dysmnnesia*, corresponding with the deficiency, in the material phosphorus; while in the other class, we witness the same attribute heightened into that morbid state, we term *hypermnnesia*, where the phosphorus is present in the brain, to a morbid excess.

Nor is this morbid transfer of materials from one part to another, confined to the rachitic diathesis, where the cerebral synthesis has withdrawn the phosphorus from the osseous system : for, we find in idiots, atrophy of the nerves of the spinal marrow, which is frequently accompanied with hypertrophy of the ganglionic system.

But, if the morbid operations partake more of an acute character ; and that, after the growth of the brain may be said to be complete ; we are still able to assure ourselves, that the morbid symptoms induced, owe their existence to the presence of abnormal proportions in those materials.

Thus, the chemical composition of the brain, in such forms of the disease, has, according to Lassaigne's and Couerbe's analyses, shewn a smaller proportion of water, and salts, and a larger proportion of albumen, and fat. Cabanis found, that the brains of furious maniacs, were highly phosphorescent ; thereby shewing, that an excess of this substance there, was acting as an exciting cause of the disease.

Couerbe also found a larger proportion of phosphorus in the brain of those who died of mania, than in the healthy brain ; and a smaller proportion of phosphorus, in the brains of idiots.

These facts are of value, and they go to assure us, that no morbid phenomena of any kind can manifest themselves without a corresponding alteration, from health to disease, in the instrument producing those phenomena. And the partial or complete removal of those morbid phenomena, must clearly depend upon the character of that alteration.

The alteration may be, what is termed functional ; a term that is objectionable, if we imply by it, that no alteration of the material elements, has taken place. Or it may be structural ; a term used to imply, that the material elements are unalterably fixed in the morbid structure. But, I think, there is evidence to shew, that in what we call functional disease, the organic synthesis has been disturbed and altered ; that materials formed of abnormal unions, have been

carried to the different structures, where they are deposited in such a manner, and so recently, as to admit of their being removed.

Certainly, if any thing is likely eventually to lead to a much more perfect knowledge of the means necessary to insure the removal of disease, it is the diligent prosecution of the science of animal chemistry; not abstractedly, or, in the bare chemical sense; but, in close connection with pathology. For, how can we hope to advance in the knowledge of those morbid changes in the animal organism, which, we know are indicated by the presence of certain abnormal unions, in the different secretory and excretory fluids of the body, unless we first make ourselves acquainted with some of those healthy but most elaborate unions, which animal chemistry is now unfolding to us. But are these unions so thoroughly ascertained, as that there remains no doubt about the manner in which the substances which compose them, are united or grouped together? We may have satisfied ourselves that organic compounds are made up of ternary and quaternary unions; and we may have built our theory on that remarkable discovery of cyanogen by Gay Lussac; we may have established the facts of the doctrine of organic radicals, first suggested by Berzelius; or the doctrine of types, and organic replacements, so ably set forth by Dumas; we may have been encouraged and lifted up, by the wonderful discovery that many of these organic radicals admitted of practical isolation; and that by artificial processes, they could be prepared both from the vegetable and animal kingdoms; but the interesting question for the pathologist, and the still more difficult question for the psychopathist, is, what effect has that knowledge had, in enabling us to arrest the onward march of disease? What effect has it had in the cure of mental diseases?

In decomposing organic substances, it was often remarked, that certain proportions of their constituent elements, were more easily separated than others; thus it was very rightly inferred, that these proportions, were held together by a less powerful affinity; and that they probably formed less necessary portions of the molecular arrangement, as a whole. The question was therefore most natural, did the more firmly united molecules, often containing three elements or more, constitute a central radical, round which others were grouped more loosely; from which the latter might be removed without

breaking up the central arrangement; and if so, was this central arrangement capable of being preserved not only in its union, but in its characteristic properties, while it entered into new and different compounds? These speculative questions have, to a certain extent, received a satisfactory answer, not from the mere hypothetical synthesis of the chemist; but from the experiments of the physiologists. And, although I do not feel I can follow them in the inferences they deduce from such experiments; I am nevertheless willing to admit, generally, that these organic compounds do exist; and that the power of therapeutic and other agents over them, in preserving them in their normal state from the action of those causes, which have a constant tendency to break them up, has of late years been greatly increased.

The *microscope* is an instrument, which in the hands of the modern pathologist, has brought before us facts that often point out the real seat of the disease, so as to enable us to carry the proper agents to the particular disease to which those agents bear a therapeutic relation.

In spite of the rapid advancement that has been made in the discovery of these organic compounds, and the influence exerted by such agents in arresting their dissolution, or altering their tendency to unite in abnormal modes; we do well to withhold our consent to many unjustifiable inferences which the ardent prosecutors of science have too readily drawn.

And in saying this, I cannot overlook the very premature and almost credulous assumptions which have led so many, since Wöehler's experiments announced to the world the artificial production of urea, to believe that the time was not far distant when they might be able by the aid of chemical compounds, to form the basis of organic bodies; when they might possess the power of putting together the single or dead elements, and of making them unite so as to produce compounds; which, with all our discoveries hitherto, can as yet only be obtained through the agency direct or indirect of vegetable or animal life.

Müller, who as a sound physiologist, very properly questions the formation of artificial organic compounds, seems to get away from the difficulty raised by the artificial formation of urea, not by throwing any doubt as to the inorganic origin of cyanogen, but by removing urea altogether from the list of organic matter, and placing it among the category of excretions. He says, "Berard, Proust,



“Dobereiner, and Hatchett,” and we may add Mitscherlich, Dutochet, Wöehler, Cross, and many others, “believe that “they have succeeded in producing organic compounds by “artificial processes; but their results have not been sufficiently confirmed.” And I must leave it to your judgment to determine how far they are likely to be, when I draw your attention to that fact pointed out by Berzelius, viz., “That in organic products the combining proportions of their elements do not observe a simple arithmetical ratio. And thus Chevreul has shewn by experiment, that there are a large number of fatty matters, which differ from each other only by fractional parts in the numerical proportions of their atoms.

Can we then deal with organic substances, the unions of which observe no mathematical or arithmetical law, with the same hope of success even that attends the investigation of inorganic matters?

How am I tempted to question this vain infatuation by challenging the greatest chemist that ever lived, to produce to me the architype of any one of God’s creatures, whether they be in the organic or inorganic world. Let him take all the material elements of the pure diamond or the lovely emerald, and let him place them under the strongest battery, with the expectation that he may be able to imitate or to produce those substances, and he will only lay himself under the same ridicule, which awaited the foolish builder in the parable, who commenced operations without first sitting down and counting the cost. We may be permitted to behold some of the wonderful means, the efficient causes which the Creator employed when he made the worlds; and we are permitted to investigate and to assure ourselves of the marvellous wisdom which has brought together in harmonious union the elements that compose that microcosm of wonder, the human body; but we are not permitted to lift up our unholy hands to the work. We may behold and wonder, and hitherto may we go, but no further.

The errors which such inferences are calculated to lead to must be obvious. If chemists are carried away with the notion that the achievements of art will yet enable them to put together the ternary and quaternary compounds of organic bodies; they are only diverting their labors from that direction which alone can offer any legitimate hope of success.

What are all the supposed *artificial* formations of organic substances?

Nothing more than mere transformations.

The conversion of starch into sugar, or of sugar into the acid of ants, by the aid of inorganic chemistry, is no more a proof that ternary or quaternary compounds are to be accomplished without the aid of the power that is in living bodies, than is the transformation of sugar into alcohol or vinegar. And the union of cyanogen with ammonia is no better proof that we have accomplished the artificial synthesis of an organic compound, than is the assertion that we have done so, when we have succeeded in uniting phosphorus to any of the mineral substances with which it joins in the inorganic world.

Who is bold enough to say that cyanogen is not an organic substance? And once let this be proved, and away goes the airy castle of artificial organic synthesis into nothing.

Must I apologise for making these remarks before I go on to consider more immediately the subject of this Paper.

And what connection, it may be too asked, do they bear with the state of the urine in insanity?

I reply, that it is indispensably necessary to know how great are the difficulties which present themselves at every step we are taking, in bringing our knowledge of diseased appearances in the urine to a practical bearing, where our progress in the science of animal chemistry is so imperfect.

These are difficulties I am bound to bring forward; not that I have a desire to hedge up the road that leads to scientific investigation; to obliterate the path of the candid inquirer after truth. But when in the investigation of these subjects, we find a large part of our knowledge must come to us through magnifying glasses of half inch, quarter inch, or one-eighth of an inch diameter, requiring the object we are contemplating to be magnified many hundred times; we must, I think, admit, independently of the chemical difficulties thus raised, that we are drawing towards the confines of human knowledge, that we have arrived as it were, upon a border territory, where every object we behold requires to be scrutinized, or sifted with all our vigilance.

It matters not at which end we contemplate the material world, whether through the telescope, or through the microscope, it is quite certain we cannot there pursue our investigations with the same satisfactory results, which we can

when objects, so to say, nearer to us, can be subjected to the test of all the faculties, and all the senses which we possess. It cannot be denied that when knowledge comes to us, as it were, by a single external sense, it must be more or less uncertain and exceptional; and though it may be urged that chemical analysis, in some measure, corrects that sense in the case of urinary deposits, yet the need of other auxiliary tests, leaves the subject often in great doubt.

The physiology of the urine has on this account been disadvantageously placed, and the very fact, that we do not know to this day, whether urea is formed as a useless compound of the superfluous elements in the conversion of the food into the essential components of the blood; or, whether it be an effete product of the change of material, that is constantly taking place in the organized parts of the body; is one, which, on the onset of our enquiry into the pathological changes of the urine, forces upon us the necessity of using great caution in pronouncing upon morbid changes to which that fluid may be subject.

And Liebeg has truly remarked: "What an inconceivable delusion, what a confusion of ideas must exist, when a physician thinks that, from the complex results of an analysis of the blood, he can draw a conclusion as to the nature of the cause of a disease, and can found on this a method of treatment; when we have not advanced yet, so far in physiology, as to bring into relation with the digestive progress, one of the simplest chemical facts, namely, the absence of alkaline phosphates in the urine of the herbivora."

How can we account for the ready appearance of organic acids in the urine, if taken into the stomach, while the mineral acids fail to reach that fluid when introduced into the system through the same medium? And why is it that the many mineral substances which enter into the organization of living bodies, fail when introduced into the stomach, to reach those parts to which they are naturally united?

We may administer lime for years to the rachitic patient, but we fail to restore the lost material to the osseous system. We may give phosphorus to the cretin till he will bear no more, and we produce ulceration of the coats of the stomach; but we fail by so doing to restore that substance to the organic tissue wherever it is deficient. The only answer we can give to these difficulties is, that the mysterious and inscrutable processes in the chemistry of organic life, bear but a slight resemblance to that of the inorganic world; and



we cannot get over the fact, that some power which is present in the one, and absent in the other, is the only method of accounting for the difference; and as that power is strengthened and enlarged by health, or weakened and curtailed by disease; so are the organic changes, effected either normally or abnormally, produced by the same cause. The urine, of all fluids, is that in which the most rapid and varied changes in its constituent parts, is denoted even when exposed to the most trifling causes; yet, amongst all those numerous changes, there is no indication that any of these ternary or quaternary compounds can be formed by art.

Nor is this a matter of inference, when we know that the bulk of the constituents of urine, is made up of substances that have undergone the process of destructive assimilation or degeneration. When ternary compounds, such as sugar or albumen, are detected in the urine, in the course of disease, they are either the effect of a morbidly active state of the reducing function of the stomach; the converting function being more or less suspended; or of destructive assimilation, which all organic compounds undergo in the progress of dissolution. And as the vital power becomes weakened in the part, so are the changes less indicative of that vitality, as they ally themselves more and more to the unions of the inorganic world. The sugar in the diabetic urine, implies that as a ternary compound, it originally entered the stomach; and the vitality of that organ being too low, the sugar has been allowed to pass through the blood, into the urine, unaltered.

But the substances given off by the kidneys more generally have a tendency to unite, in a manner resembling the unions in the inorganic world. And it is not surprising that substances are there to be found, in a diseased state of the body, which are the result of abnormal unions.

Oxalic acid is one of those kind of substances which is evidently traceable, if not entirely to such causes, certainly in many instances.

The conversion of urea into oxalate of ammonia, is one that naturally takes place in substances, after they have been removed from the influence of vital agency; and we know that under many kinds of depressing causes, the nervous system manifests a disinclination to command the higher, and more vital unions; yielding them to unite in an abnormal way.

It should be born in mind, that in organic chemistry the

various substances in health, are ever held together by a tenure, which is in all respects more delicate, and more likely to be broken up, than the chemical unions of the inorganic world.

The substances thus formed are accordingly more readily acted upon, changed, or decomposed, by being simply brought in contact with many substances in nature; and which act upon the materials of the blood in an injurious or even a poisonous manner. The same effect is produced by the retention in the blood of those compounds which it is the healthy function of the kidneys to separate from that fluid; that these compounds act as a virulent poison upon the vital organization, and that some of them are retained, and so exist in the blood, is undisputed; while others, suspected to exist, have hitherto eluded the search of the chemist.

It was thought by Müller, that all substances which have a tendency to enter into binary combinations, at the expense of the organic compounds, there required to be formed, when introduced into the blood of living bodies, have the power to act in a relative sense as poisons. It is probable, that many narcotic poisons produce this effect, from the peculiar chemical substances which they contain, having the power to decompose the ternary and quaternary unions they come in contact with, and of forming thereby binary compounds, which are incompatible with health, and even life with.

And there can be no doubt, that the peculiar power of life in different animals, enables them to offer different degrees of resistance, both to the formation and the action, of these binary unions; according to the natural position they are required to take in the order of creation.

Accordingly, we find many animals are capable of receiving into their systems, substances that would be at once destructive to human life, by causing the unions they there come in contact with to be broken up.

Thus in the Secretary bird, *Aphiotheres*, we find its chief food consists of poisonous reptiles; and there is a species of Horn-bill, found in Africa, *Buceros Rhinoceros*, that can feed with impunity upon opium and nux vomica.

Fontana's experiments shew that the poison of the viper, and that of the terciña, when mixed with blood, produced the same effect as caustic soda, and the neutral salts would have; and that the coagulation of the blood is in these cases alike prevented, which shews that they exert a power upon that fluid, which is incompatible with its healthy function.

It is sufficiently clear, then, that short of death, the intro-

duction of many substances into the human stomach, may, by failing to be decomposed in the first processes of assimilation, find their way into the blood, where they are calculated to effect some very serious deteriorations in the chemical unions of that fluid; and that those unions, having been so impaired, when carried up to form the different organic tissues, must fail in their power to impart to those structures their healthy function.

All such alterations must contribute to alter in a perceptible manner, the effete particles which find their exit from the body through the urinary organs.

Most truly, when we come to investigate the urine in some forms of disease, we are quite unable to account for its condition.

Why in many forms of hysterical and nervous affections, is this fluid altogether destitute of organic matters; being merely composed of water and saline ingredients?

In diabetes mellitus, the urine contains sugar of grapes, in place of urea; and as the sugar disappears, the urea reappears.

Here we have a substance, in great part composed of nitrogen, replaced by a substance, into the composition of which, nitrogen does not enter at all.

In diabetes insipidus, where the urine contains no saccharine matter, the urea is replaced by an entirely different substance, resembling osmazome, in some of its characters.

In Bright's disease, we get albumen substituted in the place of urea; while in some dropsical forms, as anasarca, the deficiency of urea in the urine, is supplied by an equal proportion of albumen.

In chronic inflammation of the liver, we have the same morbid phenomena going on in the urine, viz: the presence of albumen, and the absence of urea.

Why is it, that the urine of the herbivora, yields no urea. And though it is alkaline, that the alkaline phosphates are never found there?

Moreover we find that the presence of urea, causes substances which otherwise would crystalize in one form, to assume another.

Thus hydrochloride of ammonia, will, with this substance, assume the crystalline form of octohedrons, instead of its natural form of cubes. And chloride of soda assumes under similar circumstances, the form of cubes, instead of the natural form of octohedrons.

With difficulties like these, which are increased by the



scanty knowledge we possess of the causes of the healthy changes in the urine, we must not be surprised to find, that little definite knowledge has been attained of the condition of the urine in mental diseases, as a diagnostic sign.

Thus, if we are able to detect the crystals of oxalate of lime in that fluid, and to refer them as the case may be, to changes in the nitrogenized food, or to destructive assimilation of effete tissues, or even to a direct derivative from vegetable food, we have the positive assurance that they may be present without any indication of mental disease whatever; or they may be accompanied by the most varied forms, if not by every form of mental disease.

I have witnessed them abundantly in the urine of a lady, suffering from acute hypochondriasis, where the symptoms were not remarkably diminished, after the crystals had disappeared by a persistent therapeutic and hygienic treatment; and I have witnessed them abundantly in the urine of another lady, suffering from acute mania, where the maniacal symptoms disappeared, and the case generally, improved after a severe attack of nearly nine months; the crystals still continuing to be formed as usual.

It is true these crystals eventually disappeared from the urine in this case, but it was not till many weeks after the mania, and even the mental effects of the mania, had ceased to manifest themselves.

The same observations apply to the earthy phosphates. I daily see the same neutral or prismatic crystals presenting themselves, alike in recent and old cases of mania, in cases of dementia, and in melancholia. In one case of intermittent mania, in a young lady only seventeen years of age, the crystals go on through the stage of excitement, and though the incoherence and depression will leave her in a moment, and she becomes quite rational, collected, and intelligent for the next four or five weeks, yet the crystals of triple phosphate still continue to form during many days after the paroxysm has ceased, and they always return with a return of the paroxysm, notwithstanding she takes five-grain doses of quinine and other medicines, which have a direct action upon the surface of the skin.

The most interesting question for consideration in such a case as this is, what means have we within our reach which will enable us to intercept the morbid formations that take place in the urine.

It is certainly one point gained in advance, that we know of the existence of these morbid crystallizations, and that

they prevail at those times more especially when the paroxysm is upon this patient. The quinine seems to have disturbed the periodic regularity of the attack by lengthening the lucid interval; but it appears to exert less of that tonic action upon the nervous system generally, from which in other cases I have found it in large doses so serviceable.

The chemical pathology of this case would seem to be, as in all cases where the triple phosphate is formed, that there was some power gone from the vital synthesis which prevented the due amount of phosphorus being engaged in the processes of assimilation. And this idea gains strength from experimental research: when ammonia in solution is added to urine, the whole of the phosphates is precipitated; and examining this microscopically, we find it composed of an amorphous part, the phosphate of lime, and a stellar crystalline part, the triple phosphate. But when ammonia is formed slowly in the urine, as by the decomposition of its urea, the triple phosphate is produced as we almost always find it, in prismatic crystals; though occasionally they are mixed with stellæ. Now, both these crystalline forms are the triple phosphate, but the proportions of the phosphoric acid differ—the neutral or prismatic form having two parts of phosphoric acid, with four of ammonia, and one of magnesia; while the bibasic or stellary form has only one part of phosphate acid to two of magnesia, and four of ammonia. There is then a larger amount of phosphorus parted with in the prismatic forms, which are those most frequently observed.

Yet, why we should have an excess of this substance yielded in the examination of the brains of those who die of mania; while the chemical changes in the urine of others, suffering from the same disease, imply a deficiency of phosphorus in the processes of secondary assimilation; or why this same triple phosphate is found to accompany other diseases generally, as well as most forms of mental disease; are questions, the answers to which, are at present beyond the limits of our knowledge.

And when we remember, that the blood throws off by the skin, lactic acid, lactate of ammonia, chloride of ammonia, and carbonic acid, to a great extent; it is not surprising that the urine should vary in the insane in the most accidental manner; for there is no secreting organ, that is so much involved as the skin is, in these diseases.

The more frequent occurrence of mental diseases, in the northern nations of the globe, has given rise to many conjectures as to their cause; and many experiments and

observations have forced upon us the belief, that a great part of the disease, depends upon some abnormal condition of the materials, occurring either in the process of formation, or in the completed structures of living organization.

While there can be no doubt that the disease is more common in the northern countries, than it is in the more temperate and tropical climes; we seem hardly able to resist the impression, that the difference of climate alone is sufficient to produce so much difference in the action of the skin as simply to explain the fact; for the degree of action which that extensive organ of elimination undergoes in hot climates, must be a most powerful means by which the blood becomes more purified, and the effete and deleterious particles therein contained, are more readily and quickly carried off.

Yet with such a condition of the skin, we might expect to find the urine in the insane more free from urea, and less heavily charged with mineral compounds.

I cannot say I have found this the case in many forms of mental disease.

Among females, where it may be presumed the vital powers of assimilation are as a rule, more feeble; we often find, they are the subject of a diseased action of the skin with which, while it is often offensive to those sitting in the room, we find a moisture upon the surface, which is sensibly felt, particularly in bed towards morning.

In one such case, I have now under my care, I find the urine of high density and most heavily charged with ureic acid.

Here the form of the disease which is melancholia, is accompanied by a fixed delusion, in all respects resembling that American popular delusion, or to speak with more psychopathic correctness, that American popular divination, which enables the individual practicing it, to have communication with distant, or even dead people.

There seems little reason to doubt, that as a general rule, the weakened vitality, which accompanies mental diseases; is sufficient to explain the fact, of the organic unions in these diseases, having so great a tendency to unite in a lower degree of force, and to form unhealthy unions, of a more feeble character.

And it is the presence of these impaired unions, which possibly may, many of them, partake of an excretory character, before their final separation from the blood; that must be regarded as some of the most active causes of im-



paired mental action. In proof of this, what an obvious relief is afforded, in many acute forms of mental disease ; by the free use of warm baths. So valuable a remedy was this considered to be in France, at one time, that all the acute forms of the disease, were held to be curable by this means within one or two weeks.

Pomme, prolonged the use of warm baths to ten or eighteen hours ; and Brierre de Boismont, revived this plan of treatment, finding it preeminently successful, in recent acute mania, simple acute delirium, delirium tremens, puerperal mania, and melancholia.

Little difficulty is offered in explaining the *modus operandi* of this remedy ; and no one can doubt, that from the system generally, as well as from the circulation, is carried off in this way, large quantities of lactic and carbonic acid, which were exerting a poisonous and irritating influence upon the nervous system.

Hence the popularity of those remedies which address themselves to this organ, with a view to increasing its natural function. The public mind is, however, very subject to *delusion* ; and this is the reason why our water treatment, while it has actually subdued the raging fever, and the furious delirium in some instances, has failed to meet the crude expectations of many who wish to regard it as a universal remedy.

On the other hand, the influence of cold upon the cutaneous function is sometimes so powerful, as to act at once as an exciting cause, of the most active forms of mental disease.

And how suddenly, and how greatly are the relative constituents of the urine altered. Even when the temperature undergoes frequent and rapid alterations, how often do we witness the urate of ammonia, deposited in more or less density from this cause.

We cannot have a more remarkable proof of the effect, which any obstructions in the functions of the skin, have upon the functions of the brain, than we have in that delirium which so constantly accompanies so many of the acute forms of fever, and particularly the eruptive kinds ; —in all which forms, the urine becomes heavily charged, under the depressing and decomposing influence of the disease, with carbonate of ammonia, from a rearrangement of the components of the urea ; one atom of urea, and two of water, being resolved, into two atoms of carbonate of ammonia.

And among the more chronic forms of disease, in which the mind becomes most seriously implicated, must be mentioned that cutaneous affection called pellagra, so common in Lombardy, some parts of Spain, and the south of France.

This disease, is entirely dependant upon dirty habits, an impoverished diet, and a depraved atmosphere.

These causes, are productive of the worst forms of mental disease. In the lunatic hospital at Milan, Dr. Holland found out of five hundred patients, that more than one third were *pellagrosi*, and affected with a most formidable disease of the skin;—and where it was found possible to remove the patient, from the influence of these deleterious causes into a position where pure air, habitual cleanliness, frequent warm bathing, and nutritious diet were available, the disease was clearly to be arrested, and even cured, if not suffered to go on for several years.

It must be obvious, that the removal from the system, of abnormal and effete compounds, whether by expiration or transpiration, must exert a most powerful influence, upon the character of the urinary secretion; whether in diseases generally, or in those which more immediately affect the nervous system.

Neither can we omit to notice the alvine secretions, as the means of carrying off large proportions of the earthy phosphates, contained in the food.

Berzelius found six grains of these phosphates in three ounces of human excrement; and taking that as an average, we may readily suppose, how great is the difference, in the carrying off these substances, where the natural habit, varies so much in different individuals.

The earthly phosphates being always found in greatest abundance in urine that has passed a few hours after a meal, shews them to be derived chiefly from this source; and we must not therefore fail to take these excretions into account.

We however sometimes find cause to suspect, in many forms of nervous affection, that when phosphorus and other important elements are not taken up in the primary processes of assimilation, in that form which favours their being appropriated in the right direction, or when they thus fail to enter in due proportion, in the secondary processes, they are thrown off in large quantities by the urine, though the secretion from the bowels may be above the usual average. And this leads me to think that in some of those cases, which threaten paralysis in the course of the mental disease,

the fault has been in the habitual load and oppression which has been put upon the digestive organs.

In such cases the appetite is great, and even irresistible if the individual is left to his own discretion; the body is fat and the muscular system flabby; a trembling and feebleness of limbs is accompanied with much embarrassment in speaking; and we find, while the channel of the bowels is free, and the alvine secretions rather in excess, the urine is throwing down in great abundance the triple phosphates. I find such cases do better, and even recover strength, under a moderate diet, free from stimulants of an alcoholic character; and that they bear the mineral tonics, particularly zinc and iron, with advantage.

As far as I have been able to learn, both from the experience of others, as well as from my own, the general inference to be drawn from the investigation of the urine in mental diseases, is, the tendency there is in such cases, to destroy the higher organic unions, and to form unions of a looser, a less complex, and less healthy character.

We cannot fail to observe this fact, to have marked the investigations of Erlenmeyer, Heinrich, Bird, Bence Jones, Sutherland, Liebig, Erichsen, and many others, who all found the excess of ammonia in the form of carbonate, hydrochlorate, and urate, to be the chief features. And it is certainly worthy of remark, that those remedies that have power to arrest the disintegration of those organic unions, which are formed in the healthy processes of living bodies, are such as are calculated best, to arrest the progress of decay, and the onward march of disease. It will be interesting to ascertain what part in these attempts, is taken by some of those organic radicals, which animal chemistry is daily making known to us.

A vast number of these organic compounds have now been discovered; though few of them have been added to the list of remedial agents.

The vegetable alcaloids, have long been employed; and there are now an extensive series of compounds of more simple composition, the hydrocarbon radicals, which as organic radicals, are to be regarded with much interest. And Dr. James Turnbull of Liverpool has found some of them in combination with iodine, bromine, &c., such as the iodide of methyle and the iodide of ethyle, &c., to be valuable therapeutic agents in nervous affections.

I do not however expect, they are likely to exert a more powerful influence upon the materials of the blood, than



many substances we already possess. I doubt if we shall be able to advance nearer to the point we seek to attain, by introducing therapeutic agents into the stomach, than we have already attained.

To suppose that we shall ever be able by introducing any kind of substance whether it be an organic radical, or an inorganic metal, into the stomach, to reconstruct after having been once broken up, those organic compounds that there constituted the bases of the different tissues, is, as I have already attempted to shew, chimerical in the extreme. We may by such means arrest the cause of their dissolution; but, we can never reform them, when once they have been disunited.

There is one very satisfactory kind of information, we derive from the study of the urine in mental diseases: and which strongly verifies the idea, I have on a former occasion put forth; viz., that in genuine idiopathic insanity, the disease is in the blood; and that is the reason that we so seldom detect albumen in the urine in these diseases.

I cannot say I do not occasionally find traces of albumen in the urine of the insane, but it is rare, and generally evanescent. In one case of a married lady, æt. 23, of highly scrofulous constitution, where a low form of mania made its appearance shortly before her confinement, and has continued so for more than eighteen months, I have at times detected traces of albumen, after subjecting the urine both to the microscope as well as to chemical test. Yet this symptom disappeared, others succeeded, the earthy phosphates being thrown down accompanied with the urate of ammonia. The globules continued in this case for several weeks and it is remarkable that the mental phenomena became completely altered, *after* that they ceased to appear in the urine. While these were present, the patient was speechless for many weeks. When I changed the medicine and gave her two grains of the bromide of potash, she suddenly lost the albumen, and became most talkative and even noisy. The albumen has not again appeared, and the voice has continued ever since. The mental powers were finally restored in this case, but the lungs being loaded with tubercles the bodily powers gave way.

Amongst the many cases submitted to the microscope, or to the chemical tests for albumen, I have examined the urine of twenty in the course of two or three days, who were the subjects, of every form and stage of insanity; and have not been able, except in the most

transient way, to detect the presence of albumen in any one of them: which is a fact, that confirms me more and more, in the impression I have long had, that much may be done in these cases, in a remedial point of view, by a persistent and long continued application of means; that the tissues are not as a rule, involved in such cases, and that the disease is one, very greatly dependant upon causes, which are intimately mixed up with chemical changes that are daily going on in the living current; many of which are to be arrested, by remedies, which address themselves to the organs of digestion, or which act directly upon the materials of the blood.

I cannot strengthen this assertion, viz., that mental diseases are not as a rule, organic diseases, by an illustrative case, better calculated to prove the truthfulness of it, than the following.

An elderly gentleman, who was under my care for many years, on account of a calculus in his bladder, and who died at the age of eighty-seven, was when a lad afflicted with epilepsy.

The attacks were pretty frequent; and he was advised to take daily, a decoction of the viscus querci or miseltoe, which he made himself; and being a person of regular habits, and unable to join much in society, he persevered for more than twenty years, in the use of this remedy; when after the fits had assumed a less frequent and violent form, they gradually and entirely ceased at the age of forty.

He then became the subject of urinary deposits; and, a calculus having formed, he passed many years, in occasional pain, and always with an irritable bladder. He used for some years before he died, to take under my direction, a considerable quantity of lemon juice in some demulcent liquid, which soothed him much, and doubtless as an organic acid, it acted favourably in arresting the formation of the earthy phosphates in the bladder. His irritability which was great was thus very much lessened.

It would be impossible to suppose, that the epilepsy in this case, which was of the idiopathic form, could have proceeded from any organic injury, pressure, or formation in the brain; and it was equally impossible, it could after taking up its abode here for more than twenty years, have left any organic lesion behind.

We are instructed by such a case as to the probable natural duration, for which, some forms of nervous disease will continue without injury to the cerebral tissues, and

the length of time, we are justified in holding out a hope, that our application of therapeutic agents in such diseases, may be successful.

What was, however, the difference in the blood at that period, when the brain was irritated by regular attacks of epilepsy, and at that subsequent period when this irritation ceased, and a deposit of oxalate of lime commenced to form in the bladder, is a most interesting question. And I have been led on this account to investigate the urine of those suffering from epilepsy. In one case, a gentleman, aged 35, where the fits occur about five or six times a week: the disease being about fifteen years duration, I find the urine charged with very minute crystals of oxalate of lime, with abundant stellary crystals of the triple phosphate. In a lady, aged 44, epileptic from one year old, the fits recurring irregularly about eight or ten times a week, the disease having been the effect of sudden fright, I find the same appearances, the stellary crystals being surrounded by minute octahedral crystals of oxalate of lime, and some amorphous masses, probably the phosphate of lime.

Experience has told us that there are some persons, who throw down large and habitual deposits of lithic acid, and other substances in their urine, without the nervous system becoming in any way implicated.

I am not aware that the presence of *sugar* in the urine, is ever accompanied, except accidentally, by mental disturbance; and we all know how many varieties of calculus, are constantly forming in the bladder, without any corresponding symptoms, indicative of insanity.

We *do*, however, know that what is termed the oxalic diathesis, is not often developed, without involving to a greater or less degree, some part of the nervous system. And my own experience has told me, how much advantage may be extended, to those cases, where, having detected the presence of oxalic acid, the remedies employed have finally succeeded in removing the oxaluria, and with it the nervous affection.

I am myself, disposed to attribute some of these cases, to the indiscriminate use of such plants as rhubarb, which contain oxalic acid; and we do well to countenance the discontinuance of this plant as an article of diet, in those families, where the nervous system, is feebly or irregularly developed.

It is an important question, how far the tendency to the formation of mulberry calculus, has any power to arrest those



mental affections, which are supposed to proceed from the presence of, or the formation of, oxalic acid in the blood.

The *modus operandi* of those remedies, useful in such affections, justifies the conclusion, that our success depends on the power to arrest the formation of that acid; not in the power, to neutralize it, when formed.

The late lamented Dr. Golding Bird published one or two interesting cases, shewing the connection which existed in this particular diathesis, as much perhaps or more than any other, with mental diseases.

He tried the mineral acids in these cases without that success which he found more invariably attended, the use of the mineral tonics. And he attributed this failure, to the supposed fact, that these acids did not reach the kidneys. I have however found the greatest benefit from the nitro muriatic acid, if persisted in for a longer period than is usually given to it. It is quite true that the oxaluria will return as soon as it is discontinued, but there is little doubt it acts favourably upon the first processes of digestion, and quite irrespective of the questionable power it may be supposed to possess, of building up again the unions that have been severed by disease.

But it is in all probability to the phosphatic diathesis, that the greater number of forms and cases, of mental disease, owe their origin; and this is evidenced, by the very frequent presence of phosphorus in some form or other, in the urine of the insane.

This substance appears to get a ready outlet at all times both by the channel of the bowels as well as by that of the kidneys; and the very great demand there must be in health, for this substance, in the organic tissues, ought to leave little for excretion.

The reverse is however the case, in many nervous affections; while in others, as we have before observed, its presence seems to be in excess; which is perhaps the true psychopathic interpretation of all mental exaltation.

On what causes, this unequal attraction of phosphorus to the brain depends, it is important to ascertain; but we all know that amongst those causes, are, the undue employment of the brain, as an instrument of thought and of feeling, the exposure to excessive bodily fatigue, and the irregular or excessive supply of food, and viands, to the digestive organs.

But the important place which phosphorus, in some form or other, is required to fill up in chemical changes which are brought about in the animal body, cannot be

more strongly proved than by the fact, that phosphoric acid is never absent in any of the animal fluids. When, therefore, I see this substance in one form or other, being thrown down in such abundance, and almost universally in those who suffer from incurable and nearly approaching fatal disease of the mind, I am the more firmly persuaded that our hopes of success in the treatment of mental disease, rest mainly upon the early detection of this almost insensible disappearance of the phosphorus. It is of no use to make any effort when the wasting of the body has been allowed to proceed so far as to cause much acceleration of the pulse. In this stage cases are frequently for the first time introduced to those having the charge of lunatic asylums, and no remark is more common, than that the medical attendant could see no apparent seat of disease, no ordinary indication of visceral disease, and in the remark he was perfectly correct. He would probably have detected none if the autopsy were before him. But if we look more closely into the ganglionic system, we shall find that the cause of the mental malady takes its rise there.

When the mind is suffering from active and acute mania, I have failed to detect phosphorus in the urine to an abnormal extent; which corresponds with the fact, that it accumulates, and with the idea, that it *burns out* in the mental excitement, or rather is attracted to the brain in this form of mental disease;

When the phosphates are being thrown down in the urine, on the other hand; our attention should be given to the digestive organs, and those means employed which would be likely to strengthen both the primary and secondary processes of digestion and assimilation; and if my experience is found to be correct, I think we shall find such cases improve, as we succeed in removing, the persistent tendency to the formation of the triple phosphates in the urine.

This subject is very full of interest, and we must feel our enquiries into the state of the urine in mental diseases, is one that commends itself to us all, in an especial manner, on account of the grave consequences that are involved.

I think however we must put down much of the increase of insanity in our days, to the general advancement of what we are pleased to call civilization: which is, a term unfortunately embracing a number of customs and habits, most eminently favourable to the developement of the disease. Nervous diseases make a gradual advance, and the causes which eventually lead to their developement, are generally regarded at first, as too trifling to claim our notice; thus the old proverb *si made good*: "*Gutta cavat lapidem non vi, sed sæpe cadendo.*"

*The Diagnosis of Diseases of the Brain, Spinal Chord, Nerves, and their Appendages*, by J. RUSSEL REYNOLDS, M.D. &c. London, Churchill, 1855, 8vo, p. 251.

The last triumph of pathological science promises to be that which will definitely rescue from the domain of the mystic and the metaphysician, those diseases over which these genii of the past still throw the dark shadows of their sombre influence. The bond which connects the diseases of the mind with all other diseases of the bodily organs, and identifies them with diseases of the brain is not yet so completely knotted and clinched, that we can afford to let slip any opportunity of tightening the connection. It has become the custom with alienist physicians to restrict themselves to the peculiar class of diseases which strictly form their specialty; and on the other hand, physicians not engaged in insanity practice, have avoided mental diseases with the earnest desire to avoid the possibility of leading the public to doubt the sanity of their patients. An unspecialist physician may have many patients with cerebral congestion, and with defective or perverted mental powers; but of insane patients he takes prudent care to have none, or at least he carefully avoids acquiring what is called a psychological reputation. No harm, and perhaps even good, may on the whole result from this effect of the public dread of insanity; but if the reverse effect becomes general and the mental pathologist should permit himself to restrict his attention and his study to those forms of disease, which are recognized under the general term of insanity, it cannot fail to happen, that his knowledge of these very diseases will be narrow and empirical.

The earnest investigator into the most obscure and difficult department of pathological science, namely, that of cerebro-mental disease, can have no sure standing ground except that of physiology and general pathology. He is bound to make himself acquainted with the principles of disease in general, and to become thoroughly conversant with the symptomatology and diagnosis of all affections implicating the nervous system; how else can he know a case of meningitis, of delirium tremens, or of fever with cerebral symptoms from insanity, how else distinguish double from general paralysis, or hypochondriasis from melancholia?

Besides all the diseases of the brain and nervous system



are closely allied to insanity in the relation of cause and effect, or in that of concomitant effects of the same cause. Among the most frequent physical causes of insanity are epilepsy, apoplexy, fever, and other common diseases affecting the brain. And insane patients are constantly brought under the notice of the alienist physician, in whom the mental disorder has not only been caused by these diseases, but in whom the former is still complicated by the persistence of their chronic remains.

Besides the alienist physician having the charge of a large number of patients in every stage of mental disease, is more constantly than any other medical man, called upon to treat the various intercurrent diseases of the nervous system, which present themselves to his notice, in their most formidable and intractable aspects. He is therefore inexcusable if he neglect the constant and diligent study of all those affections which form the connecting link between the diseases which it is his special province to treat, and those which constitute the ordinary *piece de resistance* of the pathologist.

Dr. Reynolds' work does not comprise the different forms of insanity among diseases of the brain, an omission which we cannot but consider fatal to its completeness and general utility. A treatise on the diagnosis of diseases of the brain, from which all forms of insanity are studiously omitted, is like nothing so much as the play of the Prince of Denmark with the part of Hamlet left out, or like a treatise on the diseases of the stomach, from which all reference to the function of digestion is carefully excluded. This omission may find its explanation, and perhaps also its excuse, in the strict separation which exists between alienist and other physicians, to which we have above alluded. We trust that in a future edition Dr. Reynolds will have the courage to break the trammels of a bad custom, and to give their due importance to all the diseases of the cerebral organ.

The work before us is especially logical and analytic ; so much so indeed, that it is not always easy of comprehension ; and we venture to assert, that its readers will not fully appreciate its value on the first reading. It is remarkable for the soundness of its reasonings and its classifications, but it is not distinguished by that highest art which renders argumentation simple and easily intelligible. Our readers will not be the less grateful to us on this account, for assisting them to appreciate its merits.

Dr. Reynolds says very truly that the clear statement of a

problem removes much difficulty from its solution, and he thus states in a threefold from the problems of which his treatise is intended to offer a solution.

"FIRST,—Given a certain class, or group of phenomena, to find the organ or organs affected; in other words,—given, the symptoms to discover the locality of lesion.

"SECOND,—Given, the symptoms and the organ affected, to find the nature of the affection.

"THIRD,—Given, the symptoms, locality, and nature of the affection, to discover its anatomical conditions.

We are inclined to think that other problems were necessary, one for instance would be "from the symptoms and the "nature of the affection, to discover the organ affected;" for example, from loss of nervous functions arising from mechanical injury, to discover the part of the nervous system injured. This problem is perhaps more frequently presented to the mind of the physician, than either of the three which Dr. Reynolds has mentioned. What, for instance, is more common in cases of sympathetic fever, than that the symptoms and the nature of the disturbance should be well known, while the locality of the lesion giving rise to them remains to be discovered.

Even with this fourth problem the logical necessities of the case are by no means exhausted; a fifth at least would appear to be essential, namely, "to find the nature of the "affection from the symptoms alone, and without knowledge "of the locality affected." In all diseases not strictly localized, it cannot be doubted that this fifth problem is absolutely requisite. According to what other problem would it be possible to diagnose fever or even delirium tremens. Formulæ of this kind are not of much value unless they are exact and complete, otherwise they tend to mislead those who employ them.

In stating his second problem, Dr. Reynolds observes, that

"The term 'disease' may mean the morbid phenomena and processes which are present, or the modifications induced in the functions of life; and in this sense it is merely a general expression of the group of symptoms. It may mean, on the other hand, the cause of these morbid phenomena; the organic conditions upon which they depend; or the physical (anatomical) lesion which underlies the symptoms."

We scarcely think that the term "disease" can ever be so much misapplied as to be used to designate the ultimate cause of abnormal actions. The common sense application of the term is the true and only admissible sense, namely, that by which it designates the whole amount of actions in

a living organism notably different from those which exist in health, and which tend to preserve life.

The author divides all the diseases under consideration, into acute and chronic. The former class he subdivides into those which are febrile, and those which are non-febrile. The chronic diseases he subdivides into, 1st, those marked by excessive functional activity ; 2nd, those characterized by diminution of the same ; 3rd, those presenting excess and diminution of function in combination. With regard to the division into acute and chronic, he justly states,

“*Acute diseases* are separated from chronic not merely by their relation to time, but by the severity of their symptoms, and by their simultaneous development. Some diseases, which, although they may persist for a long time (the only change in their phenomena being a gradual and very slight diminution of their intensity,) are, nevertheless, at their onset, so suddenly induced, and carried so rapidly to their highest point of deviation from health, that we are compelled to place them in the list of acute affections. Hemorrhagic apoplexy affords an illustration of this class; but, on the other hand, some diseases (as, for example, acute softening,) though rapid in their passage to a fatal termination, may be developed so insidiously and gradually in certain instances, that until undeceived by death, we may have looked upon them as chronic affections of rather trifling importance.”

In his statement of his third problem, namely, the anatomical condition, we meet with a sentence expressive of a most important opinion which runs throughout the book, and in which we find ourselves entirely opposed to the able and accomplished author. It is that of the existence of *dynamic* disease.

“I. The nervous organs may be healthy ; (*i. e.*, as far as our present means of investigation enable us to decide the point.) There are many diseases in which there is no reason to believe that the nervous centres undergo, necessarily, any static or physical change, although, during life, there may be most marked and important symptoms. Allusion is made to the class of diseases known under the names of epilepsy, chorea, hysteria, neuralgia, &c. &c.; and it is not unphilosophical to believe in the existence of morbid functions without demonstrable physical lesion, since the material world presents us with similar relations between the static and dynamic properties of matter.”

Dr. Reynolds has cleverly, but as we think unsuccessfully, argued the existence of dynamic disease, in an Appendix. The present work is on diagnosis, not on pathology, otherwise this notion respecting the existence of dynamic disease must have led the author into very untenable positions. We did not expect to meet with this notion, dear to our illinformed but speculative forefathers, in the writings of so philosophic an author as Dr. Reynolds. For ourselves we firmly hold the opinion, that what is called vital or nervous force is merely the phenomenal expression of static change in the organism; and we feel that the use of the term “dynamic disease” is particularly unfortunate in its application to



affections of the nervous system, since there does not appear to be a very appreciable difference between the idea conveyed by the term "*dynamic*" disease of the brain, and that disease of the mental entity, concerning which metaphysical physicians have even recently attempted to instruct us.

On the use of these terms, the great German chemist writes thus, "But the expression *vital principle* must, in the mean time, be considered as of equal value with the terms *specific* or *dynamic* in medicine: *every thing is specific which we cannot explain, and dynamic is the explanation of all which we do not understand. The terms having been invented merely for the purpose of concealing ignorance, by the application of learned epithets.*" (Liebig's *Chemistry of Agriculture and Physiology*, p. 58.)

The elements of diagnosis, Dr. Reynolds divides into two groups, the intrinsic and the extrinsic. The former, which are especially the altered functions of the nervous system, he subdivides into, 1st, mental phenomena; 2nd, nervous phenomena not mental, namely, sensation and motor power.

His remarks upon the altered mental functions are enlightened and instructive. It is true he lays greater stress upon altered states of the volition, than we think a profound analysis of mental function, either in a state of health or of disease, will justify. It is difficult, perhaps impossible, to prove that will is more than the balance of desire; and it appears to us that a pathological classification, founded upon the assumption of diseased conditions of the will, independent of emotional changes, is by no means unassailable or trustworthy.

Dr. Reynolds states, that the symptoms of disease arising from the volition in relation to ideas resolve themselves into

"i. Modifications in the power of attention (or the simple direction of consciousness,) which may be those of excess or defect; and when the former usually indicate some perversion. Diminution may exist in any and every degree, until the faculty is completely lost. It may be estimated directly or indirectly, being a most potent cause of the earlier so-called deficiencies of memory. The exaggerated attentiveness of the insane man, and the listless apathy of some epileptics, and of many hysterical subjects, present illustrations of this element of disease.

"ii. Modified power of apprehension. An unusual quickness of perception is sometimes observed; but we have more frequently to encounter the inverse change of diminution. Its association with deficient attention is obvious, not only theoretically but practically; there are, however, cases presenting deficiency of apprehension, although the patient may be all eagerness and attention to what is going on. The distinction between the hysteric and idiotic patient may well illustrate this point; in the former case, however, it is volition which is primarily at fault, in the latter, it is ideation. To this kind of case I am not referring now, except in support of the statement that it is not solely a question of attention.

Loss of apprehension appears to be the second step in the process of volitional decay: the second external phenomenon of the internal deterioration.

"iii. Changes in the faculty of recollection. Loss of memory, or more truly of recollection, is exhibited well by the epileptic. In its earlier stages and slighter degrees, the individual remembers accurately events that have long since passed, but cannot retain in his mind from day to day the trivial things which he may be told. The real cause of failure appears to be want of attention, so that impressions are but feebly made, and are very rapidly effaced. This slight degree of failure should be carefully distinguished (by an experimental reference to the power of attention) from that more serious condition, in which old ideas and associations are blotted out, or at all events rendered useless. The latter change is referrible to interference with the conditions or processes of ideation.

"iv. Modifications in the power of directing thought. The condition of the mind during dreaming and quiet delirium, is that of thinking, apart from volitional control. In hysteria, we often find the patient mentally tortured by ideas which are perfectly free from voluntary restraint: she surrenders herself without effort to the chain of morbid notions. In opposite cases—for example, in some forms of mania—we find examples of the power which a morbidly-active will may use in perverting ideas from their true relations."

Dr. Reynolds thinks that in many nervous diseases, physicians are too ready to refer all the phenomena to morbid physical conditions, instead of distinguishing those which are volitional and dynamic, and the subjects of educational rather than of therapeutic treatment; and that the epileptic and the hysteric patient must be taught self-control, in order that any influence may be obtained over their direful maladies.

With regard to volition in its relation to emotion, he thinks that it exercises normally a controlling and directing power, and that diminution of this control constitutes one symptom of disease. Other symptoms arise from diminished volitional control over expression, or over sensation or perception; or over motional power, patients lolling upon sofas who cannot, because they will not, move.

The symptoms referrible to ideation or processess of thought are difficult of recognition, because they can only be ascertained indirectly in the words, appearance, or actions of the patients. In a state of health the same objects give rise among different individuals to similar impressions, and certain phenomena or impressions on our organization induce mental processes in accordance with definite laws of thought; but in disease

"Ideation may be removed from the influence of external impressions; and then, by no means which we can adopt, are we able to arrest or change the course of thought. Though roughly handled, and loudly addressed, the patient wanders on, pursuing his own line of cogitation as if nothing had occurred, and yet in a moment we may see, by some accidental occurrence, that the faculties of sensation and perception are persistent. This form of delirium is by no means uncommon."

Perverted ideation in relation to internal sensations is the

source of hypochondriasis, the sufferers from which seldom appreciate at their just value the sensations which arise from organic changes in the condition of their bodies. The hypochondriac whose exaggerated sensibility subjects him to intense sensations of this kind, founds thereupon the ideas which torture his existence. The author thinks, that this is "a distinct element of disease, and one which in its lower degrees may occasion much confusion."

The opinions of the author, expressed in the following quotation, appear to us of great value, although we do not concur in the distinction drawn between delusion and insanity.

"Ideation is an independent process, that is, as taking place without immediate dependence upon impressions *ab extra*. The relations of thought to each other are manifold, and may be expressed under various denominations; but there are two great classes which we have to separate, and which it is the province and business of our inner life to separate, viz., the real or essential, and the unreal or accidental. The first mode of relation is an expression of, and is dependent upon, the logical or true affiliation of ideas, resulting from the nature of the ideas themselves; the second includes those accidental or unreal associations which pertain to words (the investiture of thought,) such as their similarity of sound, &c., or which may have arisen from their simultaneous origination. It is an important property of mind that thoughts should suggest one another, and that they should do this in various ways."

Symptoms of disease referrible to emotion are divided into those in which the latter is considered as a source of action, and into those in which it is a state rather than an active condition. There is an obvious want of precision in the use of the term emotion in the latter sense. Its derivation strongly marks the distinction which exists between that which is truly the source of all action, and the habitual mental disposition, or as Dr. Reynolds calls it, the "spirits or frame of mind," the passive soil in which passion germinates.

A notable change in the disposition or frame of mind is certainly an important and frequent symptom of disease, and one which more frequently than any other, gives warning of a threatened outbreak of insanity.

Of the symptoms not mental but intrinsic, namely of anomalous conditions of the functions of motion and sensation, and of the whole class of extrinsic symptoms, Dr. Reynolds gives an excellent summary. On the subject of excessive irritability to the electric stimulus, he refers to his interesting paper in the *Medico-Chirurgical Review* for January last, and promises the result of further researches, in which he is still engaged. It is now five years since we made a series of the earliest experiments on the excitability of the muscles of



general paralytics to electrical action, the results of which we published in our annual report the usual medium of publicity then employed by Superintendents. We look forward with great interest to Dr. Reynolds' further experiments, feeling assured that they will be conducted with that precision so needful in an enquiry, where observation may so easily derive assistance from the imaginative faculty: we trust also, that the inferences will be deduced in faithful obedience to logical rules. The electrical force appears to have a peculiar fascination for pathologists, to lead them a fatuous dance through the bog land of speculation. Of all the so-called forces of vitality it is the most unintelligible and the most seductive. We trust that Dr. Reynolds will not *dynamise* its phenomena, or convert them into sources of function, either muscular or mental.

Professor Grove's clever book on the correlation of physical forces has stimulated the ambition of more than one ardent physiologist to pay the same compliment to the vital forces; and we are in some danger of being taught all the secret processes of life, with the dynamic rapidity of electricity.

In the chapter on the diagnosis of locality are some excellent remarks on the distinction of vomiting from cerebral disease, from that arising from stomach disturbance.

"The 'intimate sympathy' subsisting between the stomach and the head is a matter of daily observation. Head-ache from gastric disturbance is as common as vomiting from cerebral derangement. In children especially the existence of obstinate vomiting is indicative of head rather than of stomach disease. A consideration of the following points may lead to the discrimination of its causes:—

"In gastric or hepatic vomiting there is nausea which is relieved, at all events temporarily, by the discharge.

"In cerebral vomiting there is little or no nausea, and the vomiting continues in spite of the complete discharge of its contents by the stomach, so soon as anything (liquid or solid) is introduced.

"In the former the tongue is foul, the conjunctiva often yellowish, and the head-ache secondary in respect of time.

"In the latter the tongue may be clean, the conjunctiva colourless or injected, and the head-ache primary.

"The former is frequently attended with griping pain in the abdomen, diarrhoea, and disordered evacuations.

"The latter is accompanied by obstinate constipation.

"In the former there is retching and increased salivation.

"In the latter the stomach is emptied almost without effort, and without any increase of the salivary secretion.

"Thus, vomiting is in one case an extrinsic symptom, dependent upon derangement in the gastro-intestinal canal; in another case it is an intrinsic symptom, depending upon an increased sensory or reflective motility; and, duly considered in this twofold relationship, its character (as an extrinsic or intrinsic symptom) affords much assistance in the discrimination of centric from eccentric disease, whether it is found among the prodromata or existing phenomena of a given case."

Vomiting from cerebral disease is not a frequent occurrence in the adult, although very general among children. And here we may observe, that the experience of the author appears to have been peculiarly great in the diseases of children, and that this source of his knowledge gives a strong color to the whole of his work. The formulæ of diagnosis are constantly adapted to include the cerebral and convulsive diseases of children. The diseases of the nervous system differ so greatly in childhood and adult age, that, in our opinion, the work before us would have been greatly simplified and improved, had they been treated separately. The commingling of the symptoms which are prevalent, if not peculiar, in either age, is a source of confusion and obscurity.

On the diagnosis of locality as to the brain, spinal chord and nerves, Dr. Reynolds states the means of distinction as follows :

“The means of distinction may be resumed thus:—

“1. When perception, ideation, volition, and special sensations are affected, and motor and general sensory changes exhibit an unilateral distribution, the brain is commonly the seat of disease.

“2. When the mental functions are unchanged, the motility and general sensibility are affected bilaterally, we infer the spinal cord to be the locality of lesion.

“3. When the relations between motility, volition, and reflexion are lost, the mental functions being unchanged, and when the motor and sensory disturbances are purely local, we refer the disease to some of the nervous trunks. In each case the extrinsic symptoms are referrible to the special locality or region affected.”

On the diagnosis between central and meningeal diseases of the brain, he states that the former are marked at the onset by loss of the nervous functions by paralysis, loss of memory, &c.; and that they are not frequently attended by furious delirium, convulsions, pain, tenderness, &c. They do not commonly exhibit much muscular excitement or highly marked general disturbance. Whereas meningeal diseases are not attended from the first by loss of function, but rather by great exaggeration of function, by furious delirium, convulsions, pain, &c. “Paralysis and anesthesia, losses of volition, ideation, perception, &c. characterise cerebral: spasms, convulsions, pain, delirium, are features of meningeal disease.”

Acute diseases of the brain proper the author divides into the truly febrile, the apoplectic, those marked by delirium, and those marked by convulsions. On the occurrence of convulsions in conjunction with very different groups of symptoms, he justly observes,

“A disease is not to be made out by either its symptoms alone, or its anatomy alone, but by a conjunction of the two; and, with this principle in mind, we are

justified in separating the phenomenal forms of disease into distinct groups, until it can be shown upon what the differences between these forms depend. It is probable that convulsions, from whatever remote cause they may derive their origin, depend directly, in exact proportion to the similarity existing between them in different cases, upon the same conditions. We may often obscure the progress of science as much by drawing artificial lines, as by failing to observe those which are laid down by nature. The names epileptic, hysteric, centric, sympathetic, &c. &c., do not create a difference, except in our own minds, and that certainly a fallacious one until it is shown wherein the distinction lies. Phenomena which are identical should be considered to be so, although they may be separated widely by nosologists; and that which is held to be the immediate cause of convulsion in one case should be held to be its cause in another, although there may be ulterior phenomena of various kinds which influence and direct us in judging of the disease as a whole."

Chronic diseases of the brain, he divides into those marked by exaltation, and those marked by decrease of function, and those by excess of some functions and diminution of others.

The sixth chapter is devoted to the "differential diagnosis of acute febrile diseases" affecting the brain. We think that a perusal of it will convince our readers of the justice of our remarks on the confusion which arises from commingling the brain diseases of children with those of adults. With this drawback the diagnosis are made out with care and exactness.

The seventh chapter on apoplectic diseases is particularly valuable. Congestion of the brain or "coup de sang," which M. Sandras calls "apoplexie nerveuse" because no vestige of material lesion is found on post mortem examination. Dr. Reynolds refers to *dynamic* changes. The symptoms are not to be distinguished from those of sanguineous apoplexy; precursory symptoms are, however, more common and of longer duration than in sanguineous apoplexy, and the consequences are by no means so serious. Early and active measures of treatment generally ensure recovery, and paralysis is an exceedingly rare result.

Of hæmorrhage into the substance of the hemispheres, authors differ greatly in their opinions as to the existence of precursory symptoms.

"In some cases there may be absolutely no premonitory symptoms. Durand Fardel states, that in thirty-five of a hundred-and-forty cases, 'the absence of all prodromata has been positively recorded.' Rostan says that their occurrence is exceptional. Grisolle that they occur in one-tenth only. Gendrin remarks, that it is rare for them not to occur, and he accounts for the frequent statement of their absence, by the fact, that the data upon which it is based are furnished mainly by hospital patients, who belong to a class of society not in the habit of paying much attention to slight derangements of health. It is evident that not much stress can be laid upon the diagnostic value of positive prodromata. Pain is present in some cases (13 of 140, Durand Fardel) immediately before the attack; but the most important point to bear in mind is, that the non-existence of precursory symptoms in a given case, is in favour of hæmorrhage rather than



of congestion or softening, since in each of the latter their presence is exceedingly common. By far the larger number of cases which have fallen under my own observation have been free from ascertainable prodromata, or have presented only occasional congestion."

Dr. Reynolds states, that the intellectual powers are often entirely restored after sanguineous apoplexy. This statement differs from our own experience; and we doubt whether an extensive hæmorrhage into the substance of the brain is ever so completely recovered from, as to leave no appearable change in the mental or motorial functions. No doubt recovery to a "notable extent" does occur constantly, and this is an important diagnostic symptom as between hæmorrhage and softening.

Ventricular hæmorrhage is marked by profound coma coming on after the patient is partially recovered from a slight seizure. According to some it is also distinguished by tonic rigidity of the muscles. We think that convulsion is a more frequent sign.

Arachnoid, or more correctly speaking meningeal hæmorrhage is more frequently preceded by intense head pain, and attended by deep coma, and by hemiplegia of the body without distortion of the face and muscles.

The existence of serous apoplexy the author does not admit to have been yet proved, and refers the disease so called to the department of the pathologist, as "its special clinical history is yet unknown." The apoplectic symptoms which often occur in Bright's disease, attended by serous effusion on the brain, he thinks due to poisonous material in the blood, and not to such effusion.

*Partial Cerebritis, or acute red softening*, frequently presents symptoms so closely resembling those of sanguineous apoplexy, that the diagnosis is impossible. In other cases, however, the diagnosis may be made by the more frequent presence of precursory symptoms, as dull pain, numbness, "confusion of thought, defective memory, and slight motorial deficiencies," &c. The attacks may be sudden or gradual; but in the former case, the first symptoms are due to congestion, which resolve themselves into softening. Mild delirium often occurs, and the coma is often incomplete, the patient putting out the tongue or giving his hand when told to do so. The grounds of this diagnosis are most imperfect and unsatisfactory. Those upon which the greatest reliance may be placed are thus summed up:

"i. Imperfect coma (partial loss of perception and volition,) with rigidity of limbs (since congestion does not induce rigidity, and ventricular hæmorrhage develops profound coma.)

"ii. Perfect coma (complete loss of perception and volitional power,) without rigidity. (Since congestion does not induce profound coma: and venticular hæmorrhage causes rigidity.)

"iii. Paralysis without loss of consciousness.

"iv. Paralysis with hyperæsthesia.

"v. Rigidity coming on after the return of perception and volition."

The diathetic conditions of apoplexy are urinæmia, icterus, and diabetes. The symptoms of the two latter are obvious: those of urinæmia are of great interest. The extrinsic symptoms are those referrible to the existence of morbus Brightii. The intrinsic symptoms are premonitory drowsiness, listlessness, and despondency, with slight delirium, especially when falling asleep, transient amaurosis, muscæ, tinnitus, &c.; clonic contractions of the muscles, sluggishness of movement, and the peculiar stertor first noticed by Dr. Addison, which is not of low guttural tone, but of a higher pitch, and caused by the position of the tongue in the mouth, and not in the throat. The attack is commonly ushered in with epileptiform convulsions. The coma which succeeds resembles that produced by a poisonous dose of opium, except that the contracted pupil is often absent. The coma is often preceded or accompanied by mild delirium, which Frerichs states to be marked by a "peculiar tendency to monotonous expression; the clinging "to and repeating innumerable times one idea or word." The state of the motional function varies greatly, sometimes there is partial paralysis, often there is clonic spasm or rigidity: the muscles are often highly irritable under percussion.

Of apoplexy with disease of the heart. Dr. Walsh says, that coetaneous fatty degeneration of the cerebral vessels and of the heart is the true link of connection. Of cerebral softening, arising from vascular obstructions in the cerebral vessels, consisting of vegetations washed from the valves of the heart, as explained by Drs. Burrows and Kirkes, the symptoms would be those of ordinary softening, without premonitory symptoms, but subsequent upon endocarditis. The author, however, mentions a source of fallacy which has recently been pointed out to him by Dr. Sankey, of the Hanwell Asylum, who directed his attention

"To the occurrence of oat-like masses of fibrinoid, atheromatous matter in the cerebral arteries of a man who had died of softening, but without any valvular disease of the heart. These deposits, which were very numerous, appeared to be on the free, inner surface of the lining membrane of the vessels, and were detached with great readiness by the finger-nail, or by simply dividing the vessel longitudinally, and rendering its inner surface convex. Dr. Sankey remarked that he had frequently observed them in other cases, where the vessels of the brain were much diseased; and that they often presented a greater resem-

blance than those which we were at the time examining to detached vegetations. It is therefore necessary that this source of fallacy should be excluded from the interpretation of cases presenting analogous conditions."

Dr. Reynolds devotes to diseases of the brain marked by delirium a chapter occupying six pages. It is so imperfect that it would have been far better to have omitted it altogether. The ninth chapter, on diseases marked by convulsions, is much complicated by the consideration of infantile complaints, the authorities upon which are MM. Barthez and Rilliet. Hypochondriasis finds its place in the author's classification as a disease marked by excessive ideation. Excessive ideation there certainly is on one subject, namely, the patient's bodily health : but this is accompanied by diminished ideation on all other subjects of thought. If the powers of sensation and perception are in excess those of comparison and judgment are in defect. The causes of the disease are those which weaken mind and body, and the remedies are those which give strength and activity to all the functions. We cannot therefore concur in the author's view of the nature of hypochondriasis, neither do we think that the means of diagnosis between this affection and melancholia are sufficient ; they would scarcely have satisfied the court in Buranelli's case, where the exact distinction between these diseases was of such vital importance.

Hallucinations and illusions Dr. Reynolds considers "the pathogonomic features of insanity," when the mind gives credence to their reality. He does not include the consideration of these delusions of the mind in his diagnostic formulæ, but restricts himself to the hallucinations and illusions of the sane. He divides illusions into two groups, those which are immediately referred to the organ of sense, as *muscæ*, *tinnitus*, &c., and those which consist in a modification of recent or present impressions, as *spectra*, *vertigo* of objective character, &c. The first group arise principally from morbid systemic conditions, as *anemia*, *hyperæmia* and *toxæmia*. The most important illusion belonging to the second category is *vertigo* of sensation, which he distinguishes into that of centric and that of eccentric origin. The former is generally induced by sensorial impressions, it is relieved by closing the eyes, and thus shutting out external objects ; the symptoms of eccentric disease are absent ; and those of nervous derangement, as *cephalagia*, *delirium*, &c., are present. The *vertigo* of eccentric origin is accompanied by signs of disease extrinsic to the nervous system ;



it is relieved by gazing at a fixed object, and the symptoms of cerebral disturbance are absent ; the illusions are also general in their distribution, affecting different organs of sense, and on both sides, while those of centric origin are limited to one sense, and often to one side. The diagnosis is important, because vertigo is occasionally the only symptom of nervous affection of which the patient complains, and it may be the forerunner of serious brain disease.

Chorea is the most important of the diseases marked by excessive motility. Its diagnosis is sufficiently easy. Dr. Reynolds considers the essence of the disease to be a perverted nervous function, not of the spinal column, but of the cerebral centres, because clonic spasm is not a phenomenon of persistent spinal irritation, because the movements are generally somewhat controlled by the will, because they cease during sleep, and are influenced by attempts at volitional action, and by emotional changes.

Of diseases marked by some functions diminished and some increased, those which will most attract the attention of our readers, are hysteria, epilepsy, chronic softening and chronic meningitis. The diagnosis of hysteria is generally easy ; the only cases of difficulty we have experienced have been where this affection has occurred in epileptic women ; in which case the latter disease is apt to contribute some of its characteristics to the milder one ; and we have not always found it possible to say whether the fit was one of hysteria or of epilepsy. The remarks of the author upon epilepsy, are judicious and instructive. We are not disposed to criticise them, because we are day by day more convinced that this frightful disease presents itself to the observation of the physicians of lunatic asylums under very different conditions, to those upon which the experience and the theories of non-specialists physicians are founded. The opportunities which the latter possess of observing the actual phenomena of epilepsy are of rare occurrence. To the asylum physician they present themselves daily, and many times a day. A physician who observes the earlier, we fear to say the more curable, but the more modifiable phases of the disease, will find his experience differ greatly from that of his specialist brother, to whose observation the immediate symptoms of the confirmed affection are constantly subjected. Medical literature has of late years not been less prolific of cures for epilepsy, than it was in former times, when the mere enumeration of the remedies filled a book. But if the London physicians wish to ascertain the actual and final results of their treat-

ment of a disease, which we believe it is as easy to modify and even to arrest for a short time, as it is difficult almost impossible to cure, let them search the case books of Hanwell and Colney Hatch. In these places, alas, it is that the cured cases of epilepsy generally terminate their career.

The symptoms of epilepsy as observed in asylums, differ not less from those described in books, than the results of treatment. For example, the last symptom which Dr. Reynolds and all other authors give, is coma or sleep of variable duration and profundity; yet how frequently is this entirely absent not only in the *petit mal*, but in those cases where the convulsions of the limbs have been considerable? how often does the asylum physician observe the epileptic fall down violently convulsed, and on the cessation of the spasm arise and resume his occupation, without any interval of sleep? Epileptic spasm does not always involve the muscles of respiration. When this is the case, convulsive movements of the limbs often occur to a great extent, without being followed by coma or sopor, even in the slightest degree. For the production of this symptom interruption of the return of blood from the brain by spasm of the respiratory muscles appears to be essential. This is an important fact which we have not seen noticed in any book, but which every physician of an asylum must have frequently observed. Dr. Reynolds thinks that when we find epileptoid symptoms attendant upon disease eccentric from the nervous system, the disease is not epilepsy; this term then he restricts to the disease of cerebral origin. The old division into centric and eccentric epilepsy might, we think, equally well serve this purpose of distinction.

On tumor of the brain the author observes,

"The existence of an intracranial tumor would be rendered highly probable, if in a certain case we found—violent, paroxymal, limited cephalalgia; with loss or imperfection of vision; without motor paralysis or with partial paralysis, slowly and imperfectly developed. If, says Durand Fardel, there are joined to these symptoms epileptiform convulsions, without paralysis in their intervals, the probability of tumor is still greater; and this is especially the case if articulation and the intelligence remain intact."

The observations on chronic meningitis and chronic softening are judicious and satisfactory. The book concludes with chapters on diseases of the spinal chord and of the nerves, and an interesting appendix, to part of which on the dynamic nature of disease we have before referred.

In conclusion, we have to thank Dr. Reynolds for a most useful and excellent work, one which truly reflects his philosophical and accurate habits of thought, and which cannot fail to be of the utmost value to those medical men who will

devote to it the time and attention necessary to appreciate its merits, We trust that in future editions, its learned and accomplished author will have pity on those members of his profession to whom the simplicity and intelligibility of a book form great, if not pre-eminent recommendations; and that both in his arrangement and his use of terms, he will adapt himself more to the comprehension of his busy but less erudite brethren. Slight involutions of language will enable him to dispense with such terms as "idiosyncratic," "asensual," "avolitional," "negativity," "spanœmia and innutrition," "patholico-clinical," &c. The constant use of that barbarous new term "to differentiate," instead of "to distinguish," is not agreeable; neither is that of the compound term "differential-diagnosis," which is adding a perfume to the violet, for how can the diagnosis of disease possibly be other than differential?

We have criticised this work freely; so freely that, looking at its great and intrinsic merits, we almost feel that an apology is due to its able author. He will, however, attribute the fullness of our criticism to the deep interest we have felt in his work, the novelty and nature of which excites thought and challenges opinion. We strongly recommend it, not to the perusal, but to the study of our readers.

J. C. B.

*Clinical Lectures on Mental Medicine, delivered at Saltpetriere*, by JEANE PIERRE FALRET, M.D. &c., translated and edited with the co-operation of the author, by JOHN HILLIER BLOUNT, M.B. *London*, 1855, Highley, 8vo. pp. 202.

M. Falret is well known as one of the most experienced and accomplished alienist physicians in France. The clinical lectures on the symptomology of insanity, which he has lately given to the world in a separate form, and which Dr. Blount has introduced to us, in an English dress, were first published in the *Gazette des Hospitaux*, in the years 1850-51. They have been republished at the earnest request of M. Falret's pupils, a request, which in our opinion is not less creditable to their own judgment, than it is complimentary to the author. The introductory lecture on the direction to be given to the observation of the insane is equally original and instructive. M. Falret reviews the methods or modes which have been



hitherto adopted in describing the phenomena of insanity. The first, which he designates as that of the romancer or the novelist, and which prevails only in the infancy of art, is that which creates imaginary madmen, according to certain preconceived types, which exist in the mind of the author rather than in nature. The second method is that of the narrator, and is the one which up to the present time has been followed by most authors. In adopting this method the illimitable field of differences is left, and the region of analogies is entered upon, in which facts are arranged in groups, species, and families; the maniac, the melancholic, and the demented are now studied as classes, and the first step in science is taken in attempting to ascend from general to particular facts, in attempting to attain a deeper knowledge of insanity than the simple method of the narrator can lead to two paths diametrically opposed to each other, have been followed. These are respectively called the somatic or physical method, and the psychological or psychical method. The followers of the first method, at the head of which is Jacobi, considered insanity as a symptom of diseases most varied in their nature; they have confounded madness with the delirium of ordinary disease; they have paid more attention to the study of the pulse, and of abdominal and thoracic diseases, than to the state of the mental functions. M. Falret gives these investigators praise for having withstood the exclusiveness of the psychologists, but inasmuch as he considers physical lesions are in mental alienation but of secondary value to those of the psychical faculties, he thinks their investigations have been limited and imperfect; and he urges the study of psychical phenomena; not, if we understand him aright, in the mystical metaphysical method of days gone by, but to ascertain "the production of one delusion by another, the mechanism of the action of the diseased faculties one upon another; in one word, the morbid operations of the intellectual faculties." It will be observed that M. Falret gives to the somatic method a much more limited scope of enquiry, and to the psychological method a much more definite and intelligible field of investigation than are generally understood to belong to them.

The somatic school of Jacobi is scarcely represented by the physiological school of this country and of France. To state the difference broadly, the former attempts to explain the causation of insanity by the operation of diseases other than those of the brain, especially by diseases of thoracic and abdominal viscera; the physiological school on the other

hand looks to the static conditions of certain portions of the brain as the immediate cause of insanity, diseases of other organs being only the cause of the cause, remote links in the chain of morbid processes.

Again, what M. Falret explains as the physiological method, has little in common with the mystical spiritualist theories of the German and English psychologists, who constantly write of diseased mind and diseased functions of mind, as existing independently of cerebral lesion. The somatic and the psychical methods, as M. Falret has described them, do not appear to us to deserve to be considered distinct methods; they are in fact nothing more or less than the study of the signs of the disease: one set of observers paying too exclusive attention to the changes by which the disease is accompanied in the body at large, while other observers devote themselves to the study of lesions of those cerebral functions which constitute mind.

M. Falret objects to those who have adopted the latter method, that their enquiries into the diseased changes of the mental faculties have been narrow and unsatisfactory, because they have contented themselves with investigating the condition of each isolated faculty, without studying the changes which takes place by the operation of one morbid faculty upon another. On this account the psychologists have failed to obtain any valuable results from their investigations. He observes, that any faculty, the memory, for instance, "may be affected in three different ways in "insanity; it may be either excited, or depressed, or may "suffer from some perturbation taking place in the laws by "which it is governed." And he truly observes, that no practical result can be obtained by adopting in medical investigations those scholastic divisions of the human intelligence, which are useful solely for the purpose of facilitating the study of mental science by metaphysicians.

"If, instead of studying the faculties in action and the intelligence in movement, I will even say the intelligence in its pathological movement, we should artificially decompose these complex conditions, as the anatomist dissects the tissues, and as the chemist analyses inorganic bodies, it would be evidently impossible to form a just idea of the phenomena presented by insanity."

In the method which M. Falret himself recommends, he urges the investigation of the more hidden symptoms of the disease, something more profound and important than the external phenomena. He points out that two conditions of mind, differing very much from each other, may produce very analogous external manifestations; the state of anger, for instance, is not very dissimilar from that produced by

intoxication ; and insane persons who are classed together under the name of maniacs, and who greatly resemble each other in their cries, and in the violence of their agitation, differ totally in their internal state, and in the source of these analogous demonstrations.

These differences which lie at the foundation of the disease, it is of the utmost importance to understand, in order to direct the treatment upon rational principles.

"The conclusion to be drawn from this rapid glance is the following :—the types admitted among the insane at the present day, are generally based only upon superficial characteristics, which may be wanting whilst the disease remains the same, or which may exist in two opposite forms of the disease. If we were to continue this course of observation, we should never arrive at the knowledge of the truth, because we should leave what is important in the shade, and make that most conspicuous which is only accessory. The path hitherto open to study has then produced all that it can produce ; that is to say, *provisionary*, and altogether artificial types, which can only last until the discovery of other and truly natural types."

In order to arrive at the discovery of these new types of mental disease, M. Falret lays down three principles of action. *The first* is, that the investigator must give up the passive part of being a mere observer of the words and actions of the insane, and must interfere actively, and endeavour to provoke expression, and elicit manifestations, of which he would otherwise be ignorant. The insane misrepresent and color their mental state as much and more than sane persons do ; and if the investigator confines himself to the passive part of being their secretary, "their internal state will be entirely disguised by being seen through the prism of their delusions."

"To give, then, to the various facts which they recount, the relative degrees of importance and subordination which they do themselves, would be the same as if we should pretend correctly to describe the character of a man of sane mind, by giving verbatim the circumstances which he has related concerning himself, and the judgements which he has himself formed of his own thoughts and actions."

*The Second* principle is to apply oneself to the study of the characteristics of diseased individuality. This study, defective in itself as a method, is nevertheless an indispensable and precious means of guarding against the dangerous influence of arbitrary classification.

Too often a description intended to be that of some particular maniac or melancholic, is in reality merely the description of the class. The histories of the class present striking resemblances, from which the individual histories differ only in some peculiarities, which at first sight may appear to be devoid of importance. But it is precisely upon these individual peculiarities upon which it is the duty of



the investigator to fix his attention ; and it is that portion of the history of each case, which is common to the class, which he may disregard with most impunity.

The *third* principle is one of great importance and utility ; it is never to separate a fact from its concomitants, and from the causes which have given rise to it. Without due regard to this important rule, the simplest fact cannot become correctly known ; the result alone is seen, but neither its origin, tendencies, nor consequences can be understood.

“ When a physician acts thus, he resembles the historian, who, intending to depict some past event, merely describes an episode, instead of seeking out the causes which had prepared the way for it,—those which immediately gave rise to it,—the various facts of the same epoch, which, perhaps, would have given a different color to it,—its *denouement*,—and, finally, its consequences. Disease is but a series of events, more or less complex, which the student ought to view in their true light, in their natural order of succession and filiation, and surrounded by all the circumstances which have tended to produce them.”

M. Falret adds to these three principles, upon which his method is founded, yet one more which he calls the study of *negative facts*, or the observation of the absence of the conditions of the healthy mental state. In order to study these negative facts it is necessary to submit the patients to a series of experiments, by which they are made to betray in their answers and in their actions the deficiencies which may distinguish their mental operations from those of sane men. Most lunatic asylums contain patients, who, on account of the partial nature of their insanity, and their powers of dissimulation, betray their insanity much more by their actions than by their words, and appear to casual or superficial observers, to be perfectly sane ; but the physician by pursuing the study of negative facts, “ will discover and “ cause others to remark many vacancies and perturbations “ in the mind which at first appears so well-ordered and “ rational,” and will betray innumerable chasms and inconsistencies of mind, distinguishing such patients from all sane persons, whatever may be their eccentricities, peculiarities, or deficiencies. M. Falret thus ends this lecture, which is by far the most valuable, original, and suggestive of the series.

“ Our end will be attained, if you carry with you from this lecture the conviction, that to study the insane to any advantage, it is not enough to note their strange words and their eccentric and unruly conduct, but that it is above all necessary, carefully to observe and analyse the inward psychological state, which is the cause of their words and actions. Our end will be attained, if we have proved to you that you must not study insane ideas alone, but the insane individuals themselves ; that you must not confine yourselves to the consideration of the results of the morbid action of the intellectual faculties, but that you must study this morbid action in itself ; that you must not be contented

with observing the ideas and actions produced, but that it is much more important to seek out the cause of their generation, their filiation, their order of succession and mutual connection; and that, in short, you must endeavour to attain a knowledge of the disease in its ensemble, and not in any one or other of its various aspects,—in its groundwork rather than in its point of relief.”

The next lecture is on the lesions of the sensibility, sentiments, and desires of the insane, that is to say, of the affective, or as we should say, of the emotional part of their minds. It should be remarked, that the French apply the term sensibility, not as we most frequently use it, but exclusively as the emotional state. M Falret points out three principal conclusions which specialist physicians have arrived at, in their study of emotional disturbance, which he considers altogether erroneous.

“First.—They have attributed to lesions of a single sentiment or propensity, words and actions which seemed to be the expression of such lesions, but which ought to have been attributed to other causes, and generally to a concurrence of several lesions. Secondly.—They have noticed in their observations and descriptions only those words and actions which were to be referred to lesions of those sentiments and desires which they considered as primordial, and have left all other phenomena in the shade, whose ensemble alone constitutes mental disease. Thirdly.—They have described these sentiments and desires in their diseased state in the same manner in which novelists describe them in the normal state. The history of passion thus becomes that of disease; they have given us religious, erotic, and ambitious lunatics, homicidal lunatics, thieving lunatics, and lunatics from a propensity to incendiarism.”

These conclusions he pronounces to have been erroneous in principle, and productive of sad results. In support of his opinion, he examines the so called monomanias arising from the sentiments of religion and of love, and from the propensities to murder and to theft. And he shews that they may arise from widely different mental conditions; for instance, in the class of homicidal monomaniacs, some commit murder for the sake of revenge, or to be delivered from supposed enemies; or they are led to the violent act by some invincible hallucination, or to appease an inward anxiety that consumes them. Some kill their children with a view of sending them to heaven; others commit murder in order that they may undergo the legal punishment of death, and thus inflict upon themselves a circuitous suicide. The same diversity of motive occurs among kleptomaniacs; some steal without thinking of the act as a crime or attempting to conceal it; others that they make use of the objects stolen, and with real criminal intent.

“Thus, deeds of murder and theft committed by the insane, have very various motives, arising from troubles of the intellectual and moral faculties, and ought, not, consequently, to be always referred to a lesion of the corresponding desires. Even in cases where these acts cannot be connected by any apparent link, with the ideas or sentiments which might have provoked them, they never do exist

alone in the patient, and cannot in themselves constitute a mental disease. These instinctive, un-motivated impulses, when they do exist, which is very seldom, are always accompanied by other phenomena of the moral and intellectual powers ; they constitute only one of the elements of the disease, and do not show themselves in the same manner as the propensities to theft and to murder in the normal state ; they are accompanied by a confusion, a vagueness, and a contradiction of ideas ; and have, moreover, as an essential character of disease, the quality of intermission, returning by fits, at irregular intervals."

M. Falret maintains, that although the intelligence and character must often be studied in a fragmentary manner, still there is nothing isolated in the human intelligence, either in the normal or the diseased state : the faculties act synergetically, and cannot be separated from one another as distinct unities. It is with this understanding and reservation alone that he allows that emotional lesions precede those of the intelligence ; or rather he allows it and disallows it, for he is decidedly confused on this point. It appearing to us, that his observation of fact is at variance with his theory of the unity of the mind, and the constant synergy of the faculties.

M. Falret makes of the *state of depression* a fundamental distinction, according to which the greater part of insane conditions are developed. As regards the sensibility, or as we should rather say, the emotional state, it is either depressed and painfully affected, or marked by a tendency to expand itself, and to view every thing under a prism of satisfaction and happiness.

On the interesting question whether disorder of the sentiments or of the ideas presents the initiative phenomenon of insanity, M. Falret completely coincides with those physicians who believe that simple employment of the intellectual faculties with emotion, without pleasure or sorrow, very seldom leads to mental alienation. The nervous tension produced by excessive and intense thought may act as a predisposing cause, but it is in the trials to which the emotions are subjected that we must look for the exciting causes of the disease. But it is neither by changes in the sentiments, nor yet by unmeaning words or actions indicating intellectual disturbance, that we must look for the really initial phenomena of insanity : these indeed do proceed from the affections, but at this period all is vague and uncertain.

"The patients betray great anxiety and pre-occupation, a restless curiosity and general state of discontent, an irascibility and susceptibility without cause, or at least upon the slightest cause ; an inexpressible desire for movement, or, on the contrary, an incredible apathy which nothing can justify ; a great volubility, or an imperturbable silence. Such are the primitive characteristics of mental alienation, which announce that some change is taking place in the



brain ; this change having yet no definite form, the manifestations agree with it, in their want of precision and in their generality : they are indefinite also."

The sensibility is often painfully affected, a circumstance which we may attribute to the consciousness which the patient experiences of the changes which have taken place in himself, and of his inability to recover self possession, and the fear of being subjugated by these abnormal ideas and sensations. This internal trouble is soon succeeded by changes in the natural feelings ; the patient comes to love what he before hated, and to detest the objects of his previous affection ; he manifests an exaggerated sensibility, or an insensibility which is only apparent, and which serves to veil an extreme susceptibility, and forces him to withdraw more and more from the outer world into himself ; every thing outward appears changed to him, because in reality he has become himself changed. In order to explain this pervading change in the relation between his consciousness and the outward world, from which he suffers the greatest distress, he fancies powers and causes external to himself, which bring him under the influence of hallucination and delusion. The character of the latter take their colour from the prevalent ideas of the period, and may be magical, demoniacal, magnetic, or connected with the police and with criminal justice. This anxiety and sadness which is not only one of the principal features of melancholy, but often shews itself at the commencement of all mental diseases, and explains why Sauvages placed all these affections in the class of "morosities," and why Guislain has designated them by the name of "phrenopathies." At the commencement of alienation the mind therefore does not succumb without a struggle, which is attended by most painful impressions ; but when the disease has become established, the struggle ceases, and the mental suffering which arose from it, frequently disappears ; reaction takes place, often accompanied by a sensation of well-being and happiness. The expansive form of insanity often replaces the period of depression. M. Falret does not agree with Guislain that a state of moral suffering invariably marks the commencement of insanity. It is not so when insanity explodes suddenly ; it is not so in men of great vanity, habitually satisfied with all that they think, feel, and do : in such men no struggle takes place, for abnormal feelings and emotions are unable to disturb the even tenor of their self-complaisance. A third class of cases in which insanity may develop itself without moral suffering present themselves in very yielding characters, whose

very feebleness saves them from the anxiety of an inward struggle with themselves. The more marked changes of sentiment which succeed the period of moral suffering present themselves under two forms, namely, as transformations of the natural character, or as simple exaggerations of it. The latter more frequently occur in cases of slow evolution ; a fact which ought constantly to be borne in mind, since many of the bad qualities which are imputed to the insane, arise solely from such diseased change in the sentiments ; morbid feelings, influence actions ; and thus the insane are placed at variance with their friends, who, in their turn misunderstand the motives of the patients, and attribute more importance to their conduct, because they see them employ dissimulation and artifice in the service of evil feelings, and for the attainment of a particular object. But it must never be forgotten that silent and latent aberration of the sentiments is as much a symptom of insanity as the most nonsensical language and conceptions.

“Trouble of the sentiments in the insane may assume very various forms ; it is at times easily perceived by the most inexperienced persons, whilst at others it requires an uncommon degree of experience and sagacity to discern it. Sometimes it vents itself in incessant and passionate discourses, and sometimes if accompanied by an obstinate taciturnity, and only betrays itself by the varied play of the physiomy, by abrupt movements, by great vivacity, or by the eagerness with which certain objects are sought after. We must skilfully seize these very significant, though silent expressions, and obtain a confirmation of the suspicions to which they have given rise, by the patient’s appreciation of adroitly managed circumstances, and by the answers made to *appropos* questions.”

In some cases, especially in some forms of chronic insanity, the emotions are neither perverted nor exalted, but are simply enfeebled ; sometimes indeed to the degree of obliteration. In these cases the intellectual faculties are also in a state of decay, and of the sensible and intelligent being, an image sadly defaced is all that remains ; the man is replaced by a living automaton. M. Falret remarks that the emotional disturbances of insanity are always more concentrated and less apparent than troubles of the intellectual faculties.

“The affective and moral faculties are much more closely connected with the inner sense than are the intellectual faculties ; consequently, when derangement takes place in them, they are more prompt to give the alarm to conscience, whose intervention is necessary for the preservation of that self-control, which is frequently seen in disturbance of the sentiments, and which opposes the manifestation of them. The *Me* not being equally called into play in the exercise of the intellectual faculties, there is nothing to warn the patient to be on his guard against himself, and the disorder of his ideas bursts out and betrays itself without control. Thus, in melancholy, where the alteration of the sentiments is more remarkable, it is much more difficult to obtain a proof of the existence so

insanity than in mania, which is always accompanied by a more or less general derangement of the intellectual faculties."

On the question whether diseased propensities are primary or consecutive upon abnormal conditions of the ideas and sentiments, the author affirms the existence of two classes of facts. In a few cases the exaltation of the propensities is primitive, spontaneous, and directly governing the actions. The impulse to act is more sudden and more irresistible, than when it is consecutive upon a series of ideas or sentiments. In another class of cases, propensity is only secondary, and its degree of intensity varies in accordance with that of the sentiment or the idea which impels it. The investigation of the various and curious springs of action which instigate abnormal propensities, has an immense importance in its bearing upon legal medicine. By means of such investigation it will often be possible to demonstrate to courts of justice, that actions, which on a superficial view would be attributed to simple exaltation of the desires, and for which the authors might be held responsible, have in reality been caused by a generally diseased state of the mind, in which the abnormal propensities have been subordinate to a diseased conditions of the feelings and intelligence. In cases where lesion of the propensities is primitive and direct, the difficulty in medico legal cases, is greatly augmented. "So disposed are the judges to see in the violence of a propensity, passion and not disease; and so persuaded are they that the physician cannot in such cases throw much light upon the subject." These difficulties, increased by the theory of monomania, must be overcome by comparing the cases with analogous ones, in which the existence of disease is more pronounced. Instead of breaking up the mental affection, and reducing it to the proportions of an exaggeration of some single propensity, the author insists that the physician must unfold the map of the disease. His meaning however is not very distinct, for the question is of cases in which some single propensity alone is affected. When a map of diseased functions can be made out, the difficulty disappears.

In general insanity, the author observes that disordered emotions arise and replace each other without acquiring either depth or durability: a fact in accordance with the rapid succession of ideas. Yet sometimes a particular sentiment acquires a high degree of strength and tenacity. The malevolent and erotic sentiments are most frequently characterized by their stability in mania; they are often



avowed during periods of remission, and they display themselves in the words and gestures, and "*by the positions which these patients take when at liberty, and by their jerking, and, as it were, convulsive movements when restrained by the camisole, and by the stamping of the feet if secured by the boots*"!!!

M. Falret believes, that in partial alienation the persistence of morbid emotion has been greatly exaggerated. The partially insane are not exclusively and perseveringly governed by a clearly defined sentiment: the predominance of one sentiment or desire is often accompanied by a great confusion of ideas, and the action of the sentiment is generally remittant or paroxysmal.

There is another aspect under which emotional disturbance may be considered, namely, when it is the consequence of intellectual aberration: for instance, when the desire of suicide arises from the wish to escape a fancied accusation, or the desire of revenge from the wish to retaliate upon the fancied accuser. A character common to these lesions of the sentiments and propensities, is their tendency to intermission, or to decided remission.

"These lesions appear at irregular intervals during the course of the disease, and often without precursory phenomena, a circumstance which shews the necessity of great vigilance in the care of the insane, and leads us to declare, that even those who appear the most inoffensive may at any moment become dangerous."

The third Lecture treats of disorders of the intellectual faculties.

The diseased conditions of memory, attention, judgment, imagination, perception, &c., are less apparent than those of the active and moral powers. The general state of the intelligence in insanity presents itself in two distinct conditions; a state of torpor or slowness on the one hand, and that of increased rapidity of action on the other. Slowness of the intellectual faculties arises from two causes.

"Sometimes from a state of inertia of the intellectual faculties, and sometimes from the predominance of ideas or sentiments which overwhelm the intelligence and leave no part accessible either to the external world or to internal impressions. These two states of the mind, in each of which its activity is abated, though very different in themselves, have often analogous manifestations, against which we must guard, if we would have a correct idea of the disease, of its treatment, and of the hopes of cure. These analogous appearances are a scarcity of expressed ideas, a slowness of movement, and the persistence of these two phenomena, notwithstanding all diversity of incitements. The distinction lies in the expression of the countenance; a concentration of the features, with a certain animated look in one case, and a vagueness in the eyes in the other. There is also this difference, that in the latter case weakness of the memory is invariably ascertained, and testifies to the feebleness of the other

faculties; whilst in the former case, we can, under certain influences, snatch the patient from his pre-occupations, and thus acquire the positive proof of that energy of thought which the outward world calls forth, and which is employed in too exclusive a manner.

This intellectual torpor is a fact of great importance in the study of partial insanity. It manifests itself in the repetition of the same expressions and movements, in the difficulty of connecting ideas, and the fear of giving opinions; which is remarkable in melancholic and partially demented patients; the classes which are most liable to this symptom of the malady.

Increased intellectual activity, is a fact equally remarkable with torpor of these functions.

In this state, numerous and prompt are the ideas which flow from the double source of memory and the external world. They multiply with so great a rapidity that their duration can only be instantaneous, and they are indiscernable by the consciousness. Without the power to select and arrange them, the mind allows them to be produced and to disappear without reaction, so that this abundance of ideas is generally marked by sterility: it is a disorder and a pell-mell painful to behold."

When this activity only attains a certain degree, and the patient continues to hold some power of control over his ideas, the force of thought, the happiness of expression, and the energy of action, which result, are often sufficiently surprising. Not that insanity confers any power that was not there before, but the increased vivacity and freedom of manner, the removal of circumspection and restraint, together with surprise caused by the exhibition of reasoning powers in a state considered to be one of unreason, occasion a fallacious belief in a greater developement of the intelligence than really exists.

The intellectual change is also marked by a defect in the association of ideas, by the continual employment of ellipses, and by the patient's allowing the association of ideas to be guided less by their own intrinsic nature than by adventitious circumstances, such as the sounds of the words employed.

Of the individual faculties of the intelligence, memory is seldom unaffected. It is most frequently enfeebled, and the degree of its enfeeblement is an important fact in forming a diagnosis in dementia. The recollection of events long past is often preserved, while recent events are rapidly forgotten. In some other cases of insanity, on the contrary, the memory of the past is lost to so great an extent, that the mind appears to have broken with former ideas. Even personal identity becomes doubtful, and the patients date their existence only from the date of their disease. The trans-

formation of personality however is not the result of simple lesion of memory, but that of the synergetic abnormal action of several faculties.

"We can, indeed, understand how, when the ways open to impressions, bring from all quarters materials different from those which were formerly brought, the disordered mind, having only false impressions to judge of, and being unable to make any comparison between the past and the present, in consequence of the absence of memory, ends by mistaking itself, and by adopting a personality different from its own.

Mistakes of personality may take place when the memory is active, in consequence of perversion of the judgment, or from abnormal association of ideas, as the insane trouble themselves little with remembrances, or readily find means to adapt them to their delusions. During convalescence the memory becomes gradually re-established, and is often capable of recalling with fidelity all the thoughts, feelings, and transactions, which have taken place during the continuance of the disease: a circumstance which ought to be ever present to the minds of those who have charge of the insane.

"The preservation of the memory is most frequent in melancholia, and in mania when the excitement has been moderate. It is very weak in those insane whose excitement has been characterised by a great flow of ideas, and a violent and prolonged exaltation. It is equally feeble in those patients who have exhibited an extreme slowness of thought and ideas; lastly, it is entirely wanting in the convalescence of accidental idiotism.

The attention is so wandering and difficult to fix in general insanity, in consequence of the rapid succession of the rapid succession of ideas, that maniacal patients are often unable to recognize the most familiar objects. In partial insanity the attention is less injured: it becomes concentrated upon a particular set of objects and ideas, to the exclusion of others. M. Falret, however, believes that many patients affected with partial insanity are rather absorbed than attentive: "they feel but do not think: the "mental concentration, active in the commencement, afterwards degenerates into a sort of instinctive and automatic "habit, which scarcely calls the faculties of the under- "standing into play."

The author points out the different part played by the will, in attention directed to the sentiments, and to objects of the intelligence. Sentiment is spontaneous, and rouses the attention, but in the intellectual region attention is subordinate to the will, and may to a certain degree be accorded or refused at the option of the will; when the attention is divided and scattered among many objects, as in general



insanity, it appears to be more feeble than it really is ; on the other hand its concentration is more apparent than real in many patients who seem preoccupied. The author justly objects to the view entertained by Esquirol, that all lesions of the understanding may be comprised in those of attention ; and he maintains the opposite opinion that all the faculties participate in different degrees, and that to fix upon one of them, to include the disorders of all in the disorder of one, is arbitrary and unphilosophical. Lesion of the judgment is the most remarkable of all phenomena in insanity, in consequence of the complicated nature of this faculty, which requires the co-operation of so many others ; its lesion is of constant occurrence, and its condition is the most perfect test of the soundness or unsoundness of the other intellectual faculties. In the maniac, with his tumultuous flow of contradictory and incoherent ideas, judgment can scarcely be said to exist. In partial insanity therefore the most remarkable lesions of this faculty are to be observed. They proceed from three principal sources ; from the predominance of an idea or a sentiment ; from incapacity of voluntary attention ; and from loss of memory. On subjects foreign to his train of morbid thought, the partially insane patient will often judge and reason with force and exactness.

M. Falret asserts that wanderings of the *imagination* become united to mistakes of judgment, and add fresh intensity to the disease. He illustrates this opinion by many instances of strange and fanciful delusion, and he avows his concurrence in the opinion of Rush, that insanity sometimes develops aptitudes and talents formerly unknown. In this, he is not consistent with his views expressed at page 55, where he declares that patients never exhibit powers which were not virtually within them before. We do not agree in the author's views respecting what he calls lesions of the imagination, nor do we concur in the opinion that the imagination deserves to be treated as a distinct faculty, like attention, memory, and judgment. We believe that the imagination can be viewed in no other light than as a peculiar mode of association of ideas ; and that, what M. Falret calls wanderings of the imagination, ought therefore to be included under lesions of memory, and judgment. The next question which arises is still more important and difficult ; it is that of lesions of the will. M. Falret declares that civil law unites with science to proclaim lesions of the will to be the most constant and important phenomena in insanity. The lunatic cannot be either responsible or culpa-

ble, because he is deprived of moral liberty. "This principle is sanctioned by the legislation of all nations." We do not think so, the legislation of all nations does not recognize moral liberty as the foundation of responsibility; although it is universally admitted to be inconvenient, useless, and unjust to punish a man for actions which are the result of insanity. We are aware of no nation in which the criminal law of lunacy is founded upon such metaphysical refinements as supposed lesions of the will. M. Falret is generally very severe upon those who employ metaphysical subtleties in place of scientific investigation. He should be the more guarded that he does not himself fall into the same error. Let us examine the two groups of facts which, as he asserts distinguish changes of will arising from mental disease. The first group of facts is remarkable for absence of this supposed function, and is observed from the commencement of insanity, accompanied with sadness. It is manifested by extraordinary circumspection; but may not a man be as justly said to will to be circumspect, as he is said to will to be rash; or rather are not circumspection and want of circumspection due to the presence or absence of emotional and intellectual states, of fear, desire, judgment? Again, absence of will is said to be manifested by incapacity to decide upon the most simple circumstances; but may not this mental state be better explained by supposing the absence of desire, or the weakness of the comparing faculty? The exaltation of the will is said to manifest itself by excessive desires, a wish to act and to realize all the thoughts, a disposition to make and execute plans; but surely it is more philosophical to explain those conditions by excitement of the emotional and intellectual activity, than by a reference to a supposed exaltation of the will.

We do not select the present as a fitting occasion for an elaborate metaphysical discussion, as to the existence and the nature of the will; we will not now enter into the question whether it be an independent faculty, or only the balance of desire. We only affirm that it is unphilosophical to refer morbid changes to a cause so extremely doubtful and uncertain, when these changes can be satisfactorily explained on principles, the truth of which is universally recognized. M. Falret himself admits that lesions of the will are often derived from lesions of the emotions, and correspond to them; that they are further augmented by union with fixed ideas, and that in such companionship, the will is subjugated and swept away in the current.

Under such circumstances, if for the sake of argument, we admit the existence of the will, what shadow of proof is there that it undergoes any lesion. But M. Falret goes still further into the mire of metaphysics, since he infers from lesions of the will, that it is evident that the lunatic has not the perfect consciousness of good and evil, and he distinguishes an intellectual and a moral conscience, the former of which is more frequently and completely in error than the latter. We cannot follow the author further into these metaphysical subtleties with any degree of satisfaction or approval. We cannot be expected to understand an author where he does not understand himself, and we apprehend that very few authors do understand themselves when they enter into the domain of such minute ethical analyses as the distinction of intellectual and moral conscience, and the relative strength and independence of conscience, of will, and of power. The human intellect cannot subsist in such atmosphere. When we approach it, we are like men upon the top of Mont Blanc, whose respiration becomes difficult from the rarity of the air, and the want of oxygen. The oxygen of the human intelligence is fact; and when the mind climbs upward out of the region where fact is obtainable it sinks asphyxiated and undone.

M. Falret next discusses the evolution of insane ideas. We hail his return to an intelligible subject with peculiar satisfaction. He classifies the causes of delusions under two categories, namely, those that arise spontaneously, and those that are caused by preceding mental states. The spontaneous origin of ideas in the normal state has been frequently denied.

"When an idea arises in the human mind, we can almost always derive its apparition from some association of ideas, or some course of reasoning, from some recollection, or from some actual impression."

But in the pathological state the author thinks there is reason to believe that it is different, and that ideas some times do come into the head without suggestion. We are not prepared either to concur with or to reject this opinion.

M. Falret expresses his belief, that in general insanity, "the rapidity of the succession of ideas is such, that it seems impossible to admit that they are all derived one from another, and that new ideas never spring up without any connexion with the preceding ones, in consequence of the simple spontaneity of the intelligence." It must be remembered, however, that in mania, if the ideas are rapid in their succession, they are also feeble in their impression,



and produced by causes apparently the most inadequate and trivial.

We cannot admit that the fundamental laws of causation which exist in the normal state cease to exist in the abnormal condition. To borrow a simile from the physical world, the vagabond flight of a boomerang impelled by the hand of a savage, is governed by precisely the same laws of inertia, momentum, and resistance, as the trajectory of a Lancaster shell, calculated with mathematical precision by a scientific artillery officer.

That the extraordinary and whimsical ideas of the insane are accepted by them without hesitation, is no proof that they spring up spontaneously in their minds. Their acceptance, indeed, is no indication of their origin, but only a proof that the comparing faculty is injured, by the due exercise of which their absurdity would be recognized.

The rapidity and absurdity of the ideas of the maniac appear to us, indeed, proofs that they do follow the ordinary laws of causation. The previous conditions, mental and physical, by which they are suggested, are slight, absurd, and insufficient to suggest ideas to a healthy mind. It is in accordance with the laws of causation, and not in opposition to, or in dependance of, such laws, that ideas so suggested should be rapid in their succession, and whimsical or ridiculous in their character.

The formation of the fixed predominant ideas of the partially insane patient, is different to the production of the transient ideas of the maniac. It is necessary that an idea to become fixed and predominant, should spring up in a soil favorable to its growth and development; the disposition of the individual, mental and emotional, must be in accordance with it.

Thus, melancholic ideas can only germinate in a morbid soil, previously disposed to sadness; and ideas of gaiety and satisfaction, only in one marked by exaltation. We will even go as far as to say, that not only the ideas which arise in the mind by any one of the processes previously indicated, cannot prosper and increase but upon condition of having fallen upon a congenial soil, but that they are generally the direct produce of this diseased soil, which does not even require the intervention of an occasional cause, to assume a definite form. Indeed it is in the nature of man, that the vague dispositions of his sensibility and intelligence, should experience the necessity of some defined expression, to incarnate themselves as it were, in a sentiment or an idea which may be their more or less exact representation."

The general form of the predominant idea arises from the patient's type of character. Accidental circumstances only give rise to the shades and varieties of the delusions, which do not change its essential nature. ,

"The attentive observer of this first period of the evolution of a fixed idea, beholds, indeed, one of the most curious facts that can be imagined. He sees a man, the prey to a disposition caused by disease, forcing himself from time to time to resist it, but always falling again under its tyrannical influence, and forced, by the very laws of his mind, to seek a form for it, to give it a body and a definite existence. He is seen adopting and refusing successively the various ideas which present themselves, and thus laboriously giving himself up to the production of an insanity which is the expression, the exact relief, of an inward state of which he does not even suspect the existence."

This occurs in the period of incubation. The development of the fixed idea marks a very distinct period in the disease. Before this time the thoughts and feelings of the patient have often been undefined and various, but subsequently he applies himself to what the author calls "a real system-ization of his delusion;" during which he elaborates and arranges its parts. As soon as he has fully developed it he ceases to modify its details, and confines himself to repeating it, under exactly the same form, to every new comer. When the delusion has thus become stereotyped, the intellectual activity and the morbid sensibility of the preceding periods disappear.

The following four lectures are upon illusions and hallucinations, and the concluding ones are upon the march and progress of mental disease. Respecting the nature of hallucination, M. Falret entertains the opinion that it is solely the product of lesion of the intelligence, and he supports this opinion by much elaborate and acute argument founded upon the vast resources of his experience; but notwithstanding this, he has failed to convince us, that his opinion is correct. To discuss this difficult and complicated question as it merits to be discussed, would occupy more space than we can at present afford, and we must defer it to a more convenient opportunity. The lectures of this able author are not of a nature to be either criticized or described in a brief passing manner. They are eminently original and suggestive. The opinions held by him will not always obtain the ready concurrence of the reflecting physician, but they will never fail to excite profoundly his interest, and to challenge earnest investigation. M. Falret is eminently metaphysical without knowing it: he is involuntarily attracted with the subtilties of the science, at the very time when he contemns them. Perhaps this is the condition of many minds of fine quality, whose experience and good sense alike avouch the utter sterility of metaphysical speculation; but this sterility arises from insurmountable difficulties; and difficulties ever tempt the daring spirit, besides the dignified nature of the enquiries

piques and stimulates the intellect of man to the highest pitch.

M. Falret's teaching is founded upon immense experience, and is replete with valuable instruction, derived from long and faithful observation. Hence it arises, that even when his opinions are capable of dispute, the facts upon which they are based possess great intrinsic value, and on the whole, we must pronounce these lectures to form a most important addition to the literature of mental pathology. We shall anxiously look for the concluding lectures on the treatment of mental disease.

Of the manner in which Dr. Blount has performed the duties of translator and editor, we must speak in terms of unqualified praise. The language into which he has rendered the work of this learned French alienist, is at once elegant, precise, and faithful. If he has committed a fault, indeed it is in being too faithful, and in having adhered too strictly to the forms of expression used in the original.

The alienist public of this country has reason to be grateful to Dr. Blount for presenting to it so valuable a work in so agreeable a form. We trust that it will be extensively read, and we do not doubt that it will be highly valued.

J. C. B.

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*Maud and other Poems*, by ALFRED TENNYSON, D. C. L., Poet Laureate. London, Moxon, c. 8vo., pp. 154.

It is seldom, indeed, that a physician finds occasion to review a work so far removed from the dominion of scientific literature, as a poem. Prose, and that of the driest sort, is the bone upon which the medical critic is for ever destined to whet his fangs; and from poetry he is so debarred by the custom and opinion of his profession, that he dare scarcely make use of a line or two for the purposes of illustration or ornament, except under fear of meeting the reproach of flippant absurdity. Yet physicians have been poets, and good ones too; and poets the true artists of mankind have, in all ages, been our best instructors in many of the secret springs of human action, and of the maddening emotions of the soul.

Not to speak of classic writers, in what pages can we find the phenomena of insanity portrayed with more vivid truthfulness, than in those of Shakespere. There is more real



mental science to be learned from the teaching of this demigod of poets, than in all the metaphysical rubbish which was ever delivered from professional chairs. The study of mind in its irregular developments appears to have as great a charm for the great English poet of the present day, as it had for that prince of song. The writings of Tennyson are peculiarly metaphysical, or to use the new term psychological. His *Two Voices* and *Palace of Art*, display wonderful psychological insight, and his new poem is neither more nor less than the autobiography of a madman. The critics have found great fault with Mr. Tennyson for choosing so disagreeable a hero, and have designated the wild poetry, wonderfully true to nature, in which the inner life of this morbid mind is depicted, as spasmodic and unpleasant. With purely literary criticism we have nothing to do; but the subject which Mr. Tennyson has chosen is one of peculiar interest to ourselves and our readers. It is the history of a madman depicted by the hand of a master, and we shall attempt to give an analysis of it, so far as it comes within our domain as mental pathologists. Let others criticise the beauties of the poetry or the irregularities and novelties of the metre; the point of view we take is, the powerfully and faithfully drawn mental history.

True to psychological probabilities, the author represents his hero as the scion of an unsound stock. His father committed suicide, or at least was strongly suspected to have done so, by precipitating himself from a rock.

“Did he fling himself down? who knows? for a great speculation had fail’d,  
 And ever he mutter’d and madden’d, and ever wann’d with despair,  
 And out he walk’d when the wind like a broken worldling wail’d,  
 And the flying gold of the ruin’d woodlands drove thro’ the air.”  
 “I remember the time, for the roots of my hair were stirr’d  
 By a shuffled step, by a dead weight trail’d, by a whisper’d fright,  
 And my pulses closed their gates with a shock on my heart as I heard  
 The shrill-edged shriek of a mother divide the shuddering night.”

The father of his future mistress, Maud, is pointed at as the cause of this ruin of his house, and the death of his own parent.

"But that old man now lord of the broad estate and the hall  
 "Dropt off gorged, from a scheme which had left us fleeced  
 and drained."

The hero grows up a morbid misanthrope, hating himself and all mankind; he snarls and sneers at everything, but most of all at himself. The whole race of man seems to him, too base to live, or at least to continue; the earth is a "sterile promontory," the heavens a "pestilent congregation of vapours."

"The Mayfly is torn by the swallow, the sparrow spear'd by  
 the shrike,  
 And the whole little wood where I sit is a world of plunder  
 and prey."

"We are puppets, Man in his pride, and Beauty fair in her  
 flower;

Do we move ourselves, or are moved by an unseen hand at a  
 game

That pushes us off from the board, and others ever succeed?

Ah yet, we cannot be kind to each other here for an hour;

We whisper, and hint, and chuckle, and grin at a brother's  
 shame;

However we brave it out, we men are a little breed."

\* \* \* \* \*

"The man of science himself is fonder of glory, and vain,  
 An eye well practised in nature, a spirit bounded and poor;  
 The passionate heart of the poet is whirl'd into folly and vice.  
 I would not marvel at either, but keep a temperate brain;  
 For not to desire and admire, if a man could learn it, were  
 more

Than to walk all day like the sultan of old in a garden of  
 spice."

He is introduced to us full of morbid emotion, a constant mental sufferer, a true example of Guislain's theory of the psychopathic origin of insanity. The utmost extent of his hopes is a philosopher's life of passionless peace, far from the clamour of the slanderous world,

"Where each man walks with his head in a cloud of poisonous  
 flies."

But most of all he would "flee from the cruel madness of love;" he is not destined to escape this peril. Maud the daughter of the "lean grey headed old wolf," who had ruined his father, returns with her brother to the hall, preceded by the report of her singular beauty. Maud had been his playmate in the days of childhood, and he retains in his memory, an impression that their fathers had affianced them.

He sees her, and finds his peace in little danger from her beauty, which is faultless; but with a "cold and clear cut face," "she has neither savour nor salt."

But the cold and clear face haunts him by day and by night.

"Growing and fading and growing upon me without a sound,  
Luminous, gemlike, ghostlike, deathlike, half the night long  
Growing and fading and growing, till I could bear it no more."

He meets her on the moorland, and at church, and in the village street. The tender poison steals into his veins, but he resists and strives earnestly to think ill of her. He felt from the first "my dreams are bad, she may bring me a curse."

He suspects her of pride, then of falsehood, and of the baseness of endeavouring to gain his favor for the political purposes of her brother, whose characteristics are sketched as

"That jewell'd mass of millinery,  
That oil'd and curl'd Assyrian Bull  
Smelling of musk and of insolence."

As the hopes of love open to him, he sees a prospect of joy in the world, which had hitherto presented to him so dark and dreary an aspect.

"Ah, what shall I be at fifty  
Should Nature keep me alive,  
If I find the world so bitter  
When I am but twenty-five?"

But if Maud prove all that she seems to be, it were different.

"The world were not so bitter  
"But a smile could make it sweet."

He still however suspects and resists, a raven ever croaking at his side, "keep watch and ward, keep watch and ward." Last of all he torments himself that her sweet and tender tone comes from her pitying womanhood, for his forlorn and unhappy condition.

"Living alone in an empty house,  
Here half-hid in the gleaming wood,  
Where I hear the dead at midday moan,  
And the shrieking rush of the wainscot mouse,  
And my own sad name in corners cried,  
When the shiver of dancing leaves is thrown  
About its echoing chambers wide,  
Till a morbid hate and horror have grown  
Of a world in which I have hardly mixt,  
And a morbid eating lichen fixt  
On a heart half-turn'd to stone."



As usual, the catastrophe of downright love is precipitated by jealousy, jealousy of a young coal-mine lord, whose suit is favored by the Assyrian bull. He feels that this rival is rich enough to buy anything,

“And therefore splenetic, personal, base,  
Sick, sick to the heart of life, am I.”

At length brighter prospects open, as he feels that the sweet girl truly loves him, and

“Then let come what come may,  
What matter if I go mad,  
I shall have had my day.”

The sweet poetry which attends the avowal is not psychological, and we must therefore pass it over. Yet even in the happiness of first love his mind displays its unsound tendencies. A white curtain drawn at night makes a horror creep over him, prickle his skin, and catch his breath, because it suggests the sleep of death.

“The death-white curtain drawn ;  
Felt a horror over me creep,  
Prickle my skin and catch my breath,  
Knew that the death-white curtain meant but sleep,  
Yet I shudder'd and thought like a fool of the sleep of death.”

This extreme and unreasonable sensitiveness to painful impressions is often, indeed, the warning sign of mental disease.

The consciousness of an evil fate hangs over him like a pall, and excites some alarm in his mind for the happiness of his mistress. In spite of that which ought to have made him supremely happy, he continues to torture himself.

“So dark a mind within me dwells,  
And I make myself such evil cheer,  
That if I be dear to some one else,  
Then some one else may have much to fear ;  
But if I be dear to some one else,  
Then I should be to myself more dear.”

He feels that the love of this most lovely girl may rescue him from the dark path of despair in which his mind was progressing.

“I know it the one bright thing to save  
My yet young life in the wilds of Time,  
Perhaps from madneess, perhaps from crime,  
Perhaps from a selfish grave.”

The love scenes are exquisitely drawn, and produce a most

happy change in the misanthrope's mind and feeling. He is no longer splenetic, personal, base; his blood flows gently, sweetly on.

"Calming itself to the long-wish'd-for end,  
Full to the banks, close on the promised good."

His present happiness enables him to look into the future: the very stars seem brighter and closer to him, since he had "climbed nearer out of lonely hell:" he feels himself perfectly blest.

"Blest, but for some dark undercurrent woe  
That seems to draw—but it shall not be so;  
Let all be well, be well."

The woe quickly comes. The haughty brother finds the lovers together; heaps upon her disgraceful terms, and strikes him in the face; for which, according to the Christless code that must have life for a blow, the "Assyrian Bull" is quickly called to account, and shot in a duel. Maud breaks upon the scene, "a ghastly wraith, uttering a cry, a cry for a brother's blood." When sense returns he exclaims,

"Is she gone? my pulses beat—  
What was it? a lying trick of the brain?  
Yet I thought I saw her stand,  
A shadow there at my feet."

This spectral appearance formed the foundation of subsequent hallucination; he fled to Britany, "sick of a nameless fear."

Plagued with a flitting to and fro,  
A disease, a hard mechanic ghost  
That never came from on high  
Nor ever arose from below,  
But only moves with the moving eye,  
Flying along the land and the main—  
Why should it look like Maud?  
Am I to be overawed  
By what I cannot but know  
Is a juggle born of the brain?"

Notwithstanding his hallucination, he nourishes his love, he hears her songs and sees her beauteous form, hallucination mixes with memory, he dreams of Maud and happiness, but is awakened by the hallucination of her cry, and finds as usual the ghastly wraith by his bed side.

"In the shuddering dawn, behold  
Without knowledge, without pity  
By the curtains of my bed  
That abiding phantom cold.  
"Get thee hence, nor come again,  
Mix not memory with doubt,

Pass, thou deathlike type of pain,  
 Pass and cease to move about,  
 'Tis the blot upon the brain  
 That *will* show itself without.

The shadow flits and fleets before him wherever he passes; through the hubbub of the market, through the streets and squares of the wide sounding city he steals, a wasted frame; but no where, and in no manner, can he get rid of his ghastly companion.

The twenty-fifth division of the poem is indeed an interesting one to the alienist reader. The sufferer has passed from hallucination to actual delusion, fancying himself dead and buried in a shallow grave.

"Dead, long dead,  
 Long dead!  
 And my heart is a handful of dust,  
 And the wheels go over my head,  
 And my bones are shaken with pain,  
 For into a shallow grave they are thrust,  
 Only a yard beneath the street,  
 And the hoofs of the horses beat, beat,  
 The hoofs of the horses beat,  
 Beat into my scalp and my brain,  
 With never an end to the stream of passing feet,  
 Driving, hurrying, marrying, burying,  
 Clamour and rumble, and ringing and clatter,  
 And here beneath it is all as bad,  
 For I thought the dead had peace, but it is not so;  
 To have no peace in the grave, is that not sad?  
 But up and down and to and fro,  
 Ever about me the dead men go;  
 And then to hear a dead man chatter  
 Is enough to drive one mad."

The dead men chattering around are the other inmates of a lunatic asylum, in which there is no secrecy, but idiot gabble and babble, where everything comes to be known.

"See, there is one of us sobbing,  
 No limit to his distress;  
 And another, a lord of all things, praying  
 To his own great self, as I guess;  
 And another, a statesman there, betraying  
 His party-secret, fool, to the press;  
 And yonder a vile physician, blabbing  
 The case of his patient—all for what?  
 To tickle the maggot born in an empty head,  
 And wheedle a world that loves him not,  
 For it is but a world of the dead."



The coal-mine lord finds him out, and pays him a visit, which is not agreeable. The hallucination of his mistress's form still haunts him, but now the last spark of love is gone.

"Tell him now : she is standing here at my head ;  
 Not beautiful now, not even kind ;  
 He may take her now ; for she never speaks her mind,  
 But is ever the one thing silent here.  
 She is not of us, as I divine ;  
 She comes from another stiller world of the dead,  
 Stiller, not fairer than mine.

This mixed state of reason and of delusion, and of wild emotion, partly the natural sequence of the latter, partly arising from agonizing memories, is depicted with terrible reality. At last his mood changes,

"My life has crept so long on a broken wing  
 Thro' cells of madness, haunts of horror and fear,  
 That I come to be grateful as last for a little thing."

The immediate cause of the change is attributed to a dream, in which his mistress speaks to him of the hope arising from the coming wars. It was but a dream, but it yielded a dear delight. New hopes banish the old delusions, and he finds mental restoration in the activity of thought and feeling aroused by the transition from peace to war.

"And as months ran on and rumour of battle grew,  
 'It is time, it is time, O passionate heart,' said I  
 (For I cleaved to a cause that I felt to be pure and true),  
 'It is time, O passionate heart and morbid eye,  
 'That old hysterical mock disease should die.' "

He becomes sane, and enters heart and soul into the excitement of battle against what he calls, the dreary phantom of the North, but which happily for him is no phantom.

Such is this remarkable sketch of poetic mental pathology. It must be pronounced wonderfully true to nature. The hereditary tendency, the early and terrible shock to the emotions, caused by the father's suicide, the recluse mode of life, in which morbid feeling and misanthropic opinions are nourished to an extent productive of hallucination even at that early period of the malady ; in which mid-day moans are heard in the wood, and his own sad name is called in corners of the solitary house. All this is most true to the frequent course of events, in that period when insanity is threatening and imminent, but not actually present. Another point touched upon with the singular delicacy of this exquisite poet, is the apprehension which the sufferer evidently entertains, that he will become mad. "What matter if I go mad," he exclaims, if once I have been loved ; and in another mood he

says his mistress' sweet influence may save him from madness or suicide. This knowledge of the impending fate, is by no means uncommon among educated persons who have strong tendencies to mental disease. We believe indeed that it frequently exists even when it is sedulously concealed.

It forms a constant source of most painful reflection, and in this manner it tends to verify its own forewarning voice.

The gradual outbreak of actual madness after the catastrophe of the duel, is depicted with so masterly a touch, and in so simple a manner, that any scientific comment from our pen would be superfluous, and bad taste. The madhouse canto, (page 89,) is wonderfully graphic and powerful. The hallucination of his mistress' form, ever present to his eye, "a hard mechanical ghost" is followed by the delusion of his own death and burial under the city pavement. The suffocative agony of sensations in a living grave, are pourtrayed with terrible earnestness of belief; yet the power of attention and of shrewd reasoning is represented to be in great measure retained; the coal-mine lord is recognised in his visit to the asylum, and the misanthropic sarcasm is still keen and intelligent. The common medley of reason and unreason is truthfully given. A less skilful artist would have left this portion of the picture without any light, and would thus have missed the truth.

In the recovery a little poetic license is taken, since it is not probable according to pathological likelihood that he would have dreamt the dream to which it is attributed, until his cure had been considerably advanced. It may however be argued, that patients who have recovered from insanity, very frequently attribute their restoration to causes which have had little enough to do with the result. They are apt to recognize the last step of the change, and not the first: so we may with fairness remove the burthen of this apparent inconsistency from the shoulders of the poet to that of the patient. How much of his restoration to mental health we may attribute with scientific probability to the strong emotions caused by the outbreak of the Russian war, it is not quite easy to determine.

This concluding part does not appear to us quite so true to nature as all the former portions of this intensely interesting mental history. There is more of the poet's license in it, which may be attributed the absorbing interest of that great event, which he rather appears to drag in for the purpose of expressing political opinions. On the whole we are astonished and delighted at the profound

knowledge of mental pathology displayed by the great poet of the age. If it were possible to enhance in dignity the study of mental disease, the deep interest which the noblest and purest of minds take in it, would be attended with that effect. Let us feel ourselves fellow-students in the most deeply absorbing objects of human interest and research which have occupied the greatest minds of the human race, and we shall be the more likely to strive to be worthy laborers in that noble field.

If any of our readers would desire to have a standard, or father a foil, by which to appreciate the truthfulness of Mr. Tennyson's poem, we recommend him to compare it with another autobiography of a madman, namely, that of Sir Eustace Grey, by Crabbe. To say nothing of the poetry or the want of poetry in the latter, we venture to affirm, that it is highly improbable, if not impossible, for any person in the state of mind in which Sir Eustace is represented to be, to give so clear, connected, and circumstantial an account of himself, as that which Crabbe puts into his mouth. It is in fact a fancy sketch; but Maud is a photograph.

J. C. B.

## EXTRACTS FROM FOREIGN JOURNALS.

*The Ecstatic Mystics and the Stigmatics*, by M. MAUREY  
Translated and Condensed from the *Annales Psychologiques*, by J. H. BLOUNT, M. B., &c.

The philosophic historian has ever studied mysticism more than the mystics, has ever given us more of their doctrines and principles than of their sentiments, and has especially neglected the relations existing between the intellectual phenomena, the troubles and aberration of their minds, and the writings they have produced; forgetting that we must not separate the man from the thought; for in order to judge of what he says, we must know what he does, and what he feels.

The mystic professes, by calm and holy contemplation, to have direct intercourse with the Spirit of God, and to that end he concentrates all his faculties upon God, to the extent even, of substituting Him for his own personality. He may indeed aspire to the invisible and infinite, but all his representations are of the visible and finite, and are but the reflex of disorders which prey upon his economy. In him the body definitely takes the direction of the ideas—he is hallucinated—and though not properly insane, though he cannot always even



be classed as a monomaniac, yet without his reason or judgment being radically diseased, he is the dupe of aberrations which spring from his disordered state. In more fully pointing out these premises, and in shewing the relations between the extravagant and bizarre ideas, and the disorder of the economy, I shall confine myself to the stigmatics, whose stigmatization is certainly the highest degree of Christian ecstasy.

Of all the religious persons of the middle age, no one presents more prominent characteristics than Saint Francois d'Assise, the very type of mysticism, and the soul of monastic life. In that singular book by P. Barthélmy, of Pisa, entitled "*Liber aureus inscriptus, liber conformitatus vitæ beati ad seraphici patris Francisci ad vitam Jesu Christi Domini nostri*," we read, that his advent was foretold by the prophets, that he had twelve disciples, was tempted by the devil, that he performed miracles exactly similar to those recorded in the evangelists; and we also find the following proposition advanced, that St. Francis merited the name of *Jesus Nazarenus rex Judeorum*, because of the conformity of his life with that of our Lord.

These strange opinions arose from a fact, which occurred in the latter part of his life, in 1224, when, after having succeeded in all his projects, he retired to a mountain called Alverne, situated between the Arno and the Tiber, and there gave himself up to all the rigors of the most severe asceticism. His abstinencies succeeded each other without relaxation, and rendered him indifferent to worldly objects. During one supererogatory fast he thought that God commanded him to open the Bible, and there read what would be most acceptable to his Creator. Three times was the proof made, and each time the book opened at the passion of our Lord. From this moment he had but one thought, that of evoking in himself the affecting picture of our Saviour's passion on the cross. On the day of the exaltation of the cross, while giving himself up more than usually to one of his ecstatic meditations, he saw an angel with six burning wings approach him, bearing between them a figure nailed upon a cross. Whilst he was beholding this spectacle it suddenly vanished, leaving the pious anchorite affected with a feeling of general agony, and with painful sensations in the feet and hands, which were soon followed by ulcerations and wounds, which he considered to be the *stigmas* of the passion of Christ.

The Pope pronounced these stigmas a miraculous gift of grace, and to the Franciscans it was the triumph of their order, and a source of great rejoicing. Thence for the religious mendicants there were two passions, that of our Lord, and that of St. Francis; and to a great number of those who followed his order, St. Francis was considered equal, if not superior to Christ.

The similitude between St. Francis and our Lord was so extravagantly exaggerated by a cordelier, Jean Marchand, in 1486, that the Faculty of Theology of Paris censured these enormities; nevertheless, St. Francis did not the less remain a divinity among his order.

The theologians of the time pretend that the gift of stigmas was but one of the blessings of divine grace, bestowed from time to time upon the faithful, and that St. Paul had them; because, he says in Gal. vi. 17, "I bear in my body the *marks* of the Lord Jesus." However, it is impossible to refer so far back, or to find an earlier ancestor than St. Francis.

Many names are preserved of those who, like their founder, partook of the sufferings of the passion. Such are Philip d'Aqueria; Benôit de Reggio, a capuchin of Bologna, who lived in the early part of the seventeenth century; Charles de Sazia, a simple lay brother, 1648; also another lay brother, named Dodo; Angèle del Paz, a monk of Perpignan; and the brother Nicholas de Ravenne, whose wounds were only discovered after his death.

The Dominicans, jealous of the Franciscans, pretended to have their stigmas also, and opposed miracle to miracle. To render their opposition more striking, they chose a female of the class the most jealous of the Franciscans: this was Saint Catherine de Sienne, whose visions had already served as a foil to those of St. Brigitta; and in order to surpass St. Francis, the mark of the crown of thorns was added to those of the hands and feet; but though she had felt the pain of the wounds, and believed she had seen them, they had disappeared.

This gave rise to the Franciscans exclaiming in 1483 against their rivals, and led the sovereign pontiff to condemn the counterfeit; still it is in the ranks of the Dominicans that we find most of the stigmatics of the sixteenth, seventeenth, and eighteenth centuries.

Images of the stigmatization of St. Catherine were circulated, and operated in precisely the same manner in Magdelane de Pazzi, Hieronyma Carnagli, Ursula Aguir, in 1592; St. Lucie de Narni, who lived at the end of the fifteenth century; Augustine Anne Catherine Emmerich, who died in 1824; St. Gertrude d'Oosten, Stephana Gunizani, Marie de Lisbonne, &c.

The influence of example is then manifest; the miracle of St. Catherine acting upon those females who placed her before them as their model, while that of St. Francis acted rarely upon females: though of this there are some examples, as that of Angella della Pace, who was only nine years of age; and more rarely still were the Dominicans impressed by the miracle of their virgin saint, yet a monk of Mantua, Matheo Carreri, is such an example; and another Dominican, Walter of Strasbourg, furnishes another. This latter, contemplating the grief of the mother of Jesus at the foot of the cross, exactly represented what catholic iconographers have figured as the *mater dolorosa*.

New examples of stigmatization were added daily to the number, with increasing similitude to the passion. Thus St. Catherine de Raconisio felt upon her forehead the impression of a double crown of thorns; as also Marie Villana; the cup of bitterness, presented to our Lord in the garden of olives, was tasted by Veronique Juliana; and Archangela Tardera, Catherine Ricci of Florence experienced the effect and preserved the marks of the scourging of our Lord; also Stephana Gunizani, whose name we have already mentioned. Further, the necrology of St. Francis gives us the fact, that in the neighbourhood of the heart the impression of the thrust of a lance was found; the same is reported of Martine d'Arilla.

Thus gradually were completed in the persons of the ecstasies, the full circumstances of our Lord's passion; and it is curious to notice to what extent certain mystics had arrived, in taking part in the sufferings of our Lord. Marguerite Ebnerin possessed such a degree of sensibility, that the sight of a cross even, was sufficient to throw her into tears, which would last till she had completely exhausted herself; and all the acts of the passion have been successively passed through by many stigmatics, who, like Jeanne de Jesu Marie de Burgos, represented them both in gesture and spirit; also Marie de Moerll, one of the stigmatics of the Tyrol. But the most celebrated of these visions, and those which form a veritable supplement to the gospels, and are greedily read at the present time by many catholics, are those of Anne Catherine Emmerich.

Besides the stigmas commemorative of the sufferings of Christ, many ecstasies have presented in other parts of their bodies, impressions, &c., in which the imagination pretended to decipher symbolic figures of the cross, and various images of our Saviour. Thus the gradual increase in the number of stigmatics, the repeated apparition of this miracle in the convents, where the lives of the mystic saints formed the common reading, is an evident proof of the influence of example; it became a species of contagion, like that which has been observed in certain aberrations in the ascetic and mystic life of the fathers of the desert in Egypt, among the Flagellants in the thirteenth century, and the Quakers of old and new England. Even in the present day, in Italy, it is not uncommon to find in the convents, chapels, and churches, women, who in praying take the position of Christ upon the cross, with arms extended, head inclined, striking themselves in order to experience the pain of the piercing nails, and who, becoming immovable, finish by falling into a cataleptic ecstasy. M. H. Gautier, in his *Travels in Spain*, met with such a case in the church of Saint Jean-de-Dieu de Grenade; and M. Aug. de Saint-Hilaire, in his *Travels to the Diamond District* of Brazil, gives an account of an ecstatic, Sister Germaine, who assumed every Friday the attitude of Christ upon the cross, often remaining thus 48 hours in a state of cataleptic rigidity. Dr. Privat records a case of religious catalepsy in the neighbourhood of Alais; and at the commencement of the present century

Matthew Lovat, in a state of religious frenzy, went so far as actually to crucify himself with nails.

Under all this apparent resignation to the will of God, there is a sentiment of pride in all these ecstasies, offering themselves over again, as expiatory victims for the sins of others, not only assuring their own safety, but making themselves the admiration of all, as treasures of grace and vessels of election. The idea of victimization is found frequently in the sixteenth and seventeenth centuries; and Catherine de Bar, who took the name of Mère Matilde, founded a new order of nuns, in 1659, whose peculiar character was, to give themselves as victims for the reparation of outrages committed against Christ in the Eucharist, by reproducing daily the sufferings of the passion; and one Desmarets Saint-Sorlin proposed an army of 140,000 *victims*, to combat the Jansenists, and to overturn all the citadels of the devil.

The Franciscan dreamers about 1732, pronounced that the second return of Christ should be preceded by the immolation of *victims*, whose blood, mingled with that of our Lord, should appease the divine anger. The most celebrated person given to these extravagancies was Madlle. Brohon who died in Paris 1773. This visionary had great merit of style, and attained great influence, influencing with her hallucinations and pretended prophecies, a crowd of clergymen and persons of high society; all her visions bore great analogy to those of the stigmatics. She represented the allegorical and metaphysical view of those ideas, which at that and a later period were physically represented by Colombe Schanolt, who died in 1787 at Bamberg; Madeleine Loyer, in 1806; and Anne Catherine Emmerich, at Dulmen, fifteen years later.

In Italy and Spain, mysticism has always reigned, and even at the commencement of the present century we find at Ozieri, in Sardinia, a stigmatic Capuchin, Rose Cerra.

The examples of stigmatization are then sufficiently frequent in history to be beyond doubt. The Pope, Alexander IV., and many cardinals, deposed as ocular witnesses to the mysterious impressions of St. Francis. The celebrated Pic de la Mirandole himself saw and described the impress of the crown of thorns, which St. Catherine de Raconiscio carried, as a furrow with raised fleshy edges, capable of holding an infant's finger, discharging blood, and causing considerable pain. This description also applies to St. Christine de Stumbelen. We may justly doubt the exactitude of witnesses belonging to an age of credulity, but in 1813, the Count of Stolberg visited Anne Catherine Emmerich, and has given us a description of the stigmas, a description confirmed by that published in a journal at Saltzbourg. The Prussian traveller, M. E. de Hartwig, has reported, in his *Letters on the Tyrol*, published in 1846, the case of two stigmatics, who were marked at the commencement of 1834, whose wounds bled on Fridays and during the holy week, and on the anniversary of St. Francis. These wounds were freely shewn, and strangers were admitted without any difficulty. Many persons of our own time have attested to the existence of the stigmas in the ecstatic of Tchern, Crescenzia Nicklutsch, whose stigmatization took place in 1835.

Among the many writings upon the stigmatics, we would notice those of M. L. Boré, and the Abbé F. Nicolas. It is easy to procure them, and if the respectable character of these authors did not in itself prevent us from doubting their veracity, we could not suppose that they would so easily expose themselves to contradiction. But we must notice that the credulity of pious persons has greatly exaggerated the miracle of the stigmas, they were but simple ulcerations; and even the so supposed heads of nails were but simple excrescences, granulations. And we must not forget the love of the marvellous, not in the stigmatics only, but in those who contemplated them.

There is but little difference between many of these ecstasies and some religious monomaniacs now treated in our asylums; and when we read the relations given us of the visions, the strange sensations which these people were constantly subject to, it is impossible not to recognize a true mental disease, developed in consequence of repeated ecstasies, prolonged abstinences, and rigors inflicted without moderation upon the body, quite enough to derange all



the system. St. Gertrude, St. Rosa de Lima, are examples; but insanity was further manifested in St. Christine de Stumbelen, who received the stigmas of the cross, and the impression of the crown of thorns, and who also imagined that demons surrounded her, and plunged her into boiling pitch; she heard their bursts of infernal laughter, they placed bodies, from which worms were escaping, before her eyes; she fancied impure animals were gnawing her nose, ears, and lips, and creeping about the most secret parts of her body; and she was infected with a most disgusting odour, which the demons spread around her. She experienced those alternate accessions of violent longing and of deep disgust, which in women is one of the characters of nervous disorder. Anne Catherine Emmerich, who devoted her life to charity, and the expiation of the sins of mankind, was at times seized with insurmountable unmotivated aversions; and what further proves her mental perturbation is, that she accused, like many insane, some invisible person of being always about her, filled with all sorts of evil intentions towards her. Marie de Moerll, of Kaltern, was from her youth subject to hysteria. In 1833 she exhibited the phenomena of swallowing nails, needles, bits of glass, which were discharged from various parts of her body. There was probably in this latter fact some fraud, for the artifices of the ecstatic and the convulsionists are not uncommon. As example, we might cite the famous Rose, whom the Cardinal de Noailles drove from the diocese of Paris; more recently, the process that was instituted at Bourg in Bresse, against the female of Savoy. It was from experience that the Chancellor of Paris wrote a treatise *On the Distinction between True and False Visions*, proposing a theory of hallucination, and judiciously reflecting on the effects of abstinence, and disease of the nerves, in the production of visions.

The idea of simulating the passion of Christ was carried out by an impostor, (previous to the miracle on Mount Alverne,) who was condemned at a council at Oxford, in 1222.

The supposition that the stigmas have been frequently the work of the stigmatics themselves, deceived by an hallucination, is more than probable, since we have seen in them the symptoms of hypochondria, hysteria, and disease approaching insanity. We often see the insane suppose that the objects with which they have wounded themselves, have been given to them by supernatural personages, and that they have received wounds from supernatural beings, which are only due to their disease or their own performance. The ancient Greek physician, Areteus, has said, "Many fools wound themselves, believing in their pious delusions that the gods require it of them." M. E. Hartwig found the ecstatic of Kaltern in a state of complete catalepsy, in the most unnatural and inconvenient posture; and Marie de Moerll remained almost constantly in this state of semi-sensibility, and when not in this state, her intelligence seemed to fall into that of infancy, having no occupation, speaking to none, and passing her time playing with doves.

Stigmatization then, is the effect of a disease, of a general disorder of the economy, the consequence of a mental derangement, due to the over excitement of religious contemplation, the abuse of abstinence, and asceticism, in constitutions already predisposed to disorders of *innervation*. Persons with vivid imagination and delicate nervous constitutions are very apt to develop the action of the moral upon the physique, and diseases are in such persons either contracted or cured by the empire of profound emotions, ardent desires, or violent fears; of this order are the cures effected by relics, by amulets, the recitation of certain words, and those performed by such charlatans as Valentin Greatrakes, Mesmer, and Cagliostro.

It is to this class of phenomena, due to the action of the moral upon the physique, that stigmatization belongs. There have been many cases of persons imagining they have been wounded, and then, or some days after, under the empire of this persuasion, ulcerations, or the traces of inflammation have appeared in those parts where they supposed they were wounded; for under the influence of imagination, and by an effort of the attention, the blood will be carried where the visionary believes he has been hurt. Hecker has told us, that the pretended cicatrices left by the supposed bite of the Tarantula, changed

color after the nervous attack; and when the convulsionists, at the tomb of the Deacon Pâris, took the posture of Christ on the cross, it was often noticed that their extremities became red, and the palms of their hands inflamed, and a sort of evanescent stigma accompanied this bad parody of the passion.

We can easily conceive how these phenomena take place ten times more frequently in women than in men, for they are more disposed, naturally, to mysticism, and more susceptible to deep religious impressions; secretion and periodic losses are suppressed, and take, so to say, the course of the stigmas. We know how emotion can suppress the periodic function, and so disorder the entire system; then, says M. Bouchet, "those organs that have in their physiological state no communication with the brain, now communicate with it sympathetically."

Sometimes desire is not sufficiently powerful, or the disorder of the economy not sufficiently complete to produce the stigmas externally; as examples, we have Ursule Aguir de Valence, Hieronyma Carnaglio, Madelaine de Pazzi, Columba Rocasani, &c. Other ecstasies, more happy, were marked by some of the stigmas, but not by all; some had but an imperfect cicatrix of the crown of thorns, as Catherine Cialina, who lived about 1619. The Franciscan, Jean Graio, had the marks only on his feet; Blanca Gusman, daughter of Count Arias de Lagavedra, had only a mark on one foot, and the hands only were marked in the ecstatic Catherine of the order of Citeaux.

On the other hand they were more than complete in others. The hagiographers report many stigmatics, who bore on different parts of their bodies, marks, considered most marvellous; and it is probable, that if the bodies of all the stigmatics had been examined with attention, pustules and ulcerations, altogether similar to the stigmatic marks, would have been found spread over various parts of their bodies, and due to their diseased state.

This diapedesis once established, we may explain by the influence of a periodic will, (external means assisting) and under the menstrual influence, how a periodic afflux would cause the stigmas to discharge on Fridays, and fête days, for at those times meditation and mystic pre-occupation would be more complete. The mind has acted upon the body, and according as that action has been more or less powerful, the body has retained traces, more or less apparent, of the idea. These facts tend to make us believe in the popular opinion of the influence of the mother's emotions upon the body of the infant yet unborn.

Stigmatization follows that direction of mysticism, which abstracts grief and suspends the action of both body and mind; but it is in Hindoostan that we find the highest degree of mystic ecstasy. In some books of piety of the sect of the Jangams, the mind addresses the divinity as a wife does her husband, the same burst of love which persuaded St. Catherine de Sienne that she had really espoused Jesus Christ in presence of His saints, and had received His ring; and St. Christine that she had been fleshly united to her celestial spouse, is reproduced in the devout Hindoo. The absolute renunciation of all sensual pleasures, the profound disdain of the body, which some of our saints impose, is the normal state of the Santons and Yakirs, and other buddhists and brahmins. While on one hand an Agnes de Jesus opposes, from humility, the destruction of the vermin which *inundate* her hair; and a St. Rosa de Luna mixes gall and foeces in all her food, to mortify the charm of gluttonous appetite, we, on the other hand, see in Asia, thousands of fanatics, whose hideous uncleanness denotes the most profound sentiment of mortification. The terrible austerities of which catholicism presents but rare examples, such as the rigors of St. Limbania, who ploughed her flesh with a leaden comb, are but daily occurrences on the borders of the Ganges.

The study of stigmatization shews that it is but the reaction of ideas upon the organism, the counterpart of an excessive action of the physique upon the moral. The nervous sensibility of the mystic is carried to so high a degree, that every idea which arises brings some trouble into the economy; and the strange ideas which are produced in them, the deceitful sensations to which they are the prey, and the dreams which incessantly float before their eyes, are but the intellectual and moral translation of the disorders due to their very consti-

tution. This must be understood in order to judge of their writings, which are but the recital of perpetual hallucinations, linked together by one principal idea. The ecstatic allows his imagination to run wild, the will is almost entirely withdrawn, presiding only over the association of ideas, leaving the automatic movement of the brain to evoke every kind of image. His study of holy things, the bible, books of piety, &c., leave him only the resource of reproducing, in a different association, the ideas obtained from his meditations. It is true that the greater part of the writings imputed to the ecstatics were not written by them, but were compiled by their confessors or enthusiastic disciples; yet they all have one common seal, and clearly represent, in different degrees, the disorder of the senses, connected with over-excitement of the brain. One characteristic is, the principal part that allegory and comparison play in them. Bossuet has remarked, "*One of the characteristics of these authors is to carry allegory too far.*" The ecstatic mystics are neither profound theologians, nor subtle metaphysicians, they are only ardent imaginationers, prodigal in metaphors and figures, in the hope of thus clearing the obscurities of infinite truths; they have even much less of imagination than at first we are disposed to think. Consult the revelations of St. Brigitta, which are being continually republished; and we find accumulated all the similitudes, by which celebrated theologians, such as Hermias or St. Bonaventura, seek to give an idea of a supersensible life, and divine beatitude. The comparisons suggested by the reading of the fathers and scholastics are mixed with visions, which are but the reproductions of those images, ever placed before the eyes of the faithful: such as the representation of the end of the world, the forthcoming before the judgment seat, the coronation of the virgin, &c., which decorate the doors of their churches, or illustrate their bibles and books of prayer.

The demi-sensual language of the *Canticles* is commented upon, and repeatedly paraphrased by the female devotees, who mingle, without suspecting it, in their aspirations to the Saviour, a vague sentiment of human and earthly love. A hagiograph tell us that a virgin, St. Christine, abbess of St. Benoit, believed that she was received as a veritable spouse in the couch of our Saviour. This delusion of an hysteric woman is seen in every page of the revelations of St. Gertrude, and St. Catherine de Sienne harps upon the same delusion.

Hallucinations of all sorts: of sight, hearing, smell, touch, give to these visions a sort of sensible confirmation, that leads further and further astray. In females, the bursts of love for the Saviour, and the transports felt as foretastes of eternal joys, are followed by moments of disgust and isolation, which plunge them into despair. Jeanne Desroches related that she has passed entire months without being able to raise her mind to God, without being able to pray. St. Rose de Lima, after arriving at a constant and intimate union with God, was attacked every day, during certain intervals, by terrible doubts, losing all thoughts of her Creator, whom she regarded as an unknown, to whom she had ever been a stranger.

The only one of the ecstatic mystics on whom we can rely, notwithstanding the frequent disorder of the senses, is St. Therese: "I have known those," she says in the *Chateau de l'âme*, (4th demeure, chap. iii.) "whose minds are so feeble that they imagine they saw that which they thought, a very dangerous state." She is the metaphysician of feminine mysticism, and of ecstatic illumination. In the world of strict devotion which surrounded her, she preserved a superiority of intelligence, which the delusions that sought to possess her, never touched: reason, imagination, and the senses, waged in her a war, which carried her to the borders of the tomb, but never deteriorated the vigor of her thought.

In these astonishing combats, it is difficult to separate that which belongs to the mind, from that which is the reaction of the body. It is certain, that concentrated on itself, the intellectual and immaterial part of our personality can acquire such empire, that the organism, far from imposing its own laws, places itself, so to say, at its mercy; and if, as we find in some, everything informs us that disease has taken the helm of life, and has darkened the intellect; in others the trouble of the economy is but the reaction of intellectual exaltation.

St. Therese is the last example of that claustral asceticism, which removes itself



more and more from our manners and our ideas. It is her writings we must read, to assure ourselves how ecstatic mysticism, in acknowledging an astonishing action of the mind on the organism, is yet far from the right path which conducs to reality.

Ecstatic mysticism is a long chain of moral and mystical hallucinations, ending in delicate and excitable organisms, in stigmatizations, and later, in death. It is the most brilliant proof of the influence of the imagination and the ideas on the economy. Acts, words, and writings, all reflect the corporeal disorder which accompanies it, which supports it, and by which in turn it is supported. In this sense only can it be regarded as a miracle, that is to say, one of those marvellous effects of the law of intelligence, whose secret escapes us, and whose extent confounds us.

*Religious Societies and Clerical Influences in Asylums, from the Allgemeine Zeitschrift für Psychiatrie und Psychisch-gerichtliche Medicine, 12ter Band, 2tes Heft.*

Professor Damerow has two papers in the last number of the excellent journal which he edits, upon the clerical psychology which is making its presence felt in his country. The first is on a practical question of peculiar interest to us at the present time, when the desire of the noble-hearted Miss Nightingale, to establish a new hospital for the purpose of introducing the system of lady-nursing, is attracting the earnest attention of the public. Herr Edward König, Chaplain to the asylum for the insane at Marsburgh, has written a work, in which he advocates the great advantage of religious societies for the personal attendance (ward duties) upon the insane, and in which he particularly discusses the question whether the provincial asylum for Westphalia shall or shall not have a separate confessional. (*Paderhorn F. Schonigh, 1854.*)

Herr König is an enthusiastic advocate for the Catholic Sisters of Charity, and it appears, that in his advocacy he has not hesitated to employ very hard terms towards the physicians of asylums, who have ventured to differ from him in opinion on this point. The discussion between the worthy chaplain and his adversaries is conducted with a strong spice of that peculiar temper, which is said to belong to the *odium theologicum*. However, as the worthy gentleman has not poured forth any drops from the vials of his wrath upon our heads, we are enabled to state his opinions with conciseness and without discussion. In the first place he proves, to his own complete satisfaction, that in religious associations alone are to be found truly humane asylum attendants, both male and female. Having established this point, he proceeds to demonstrate that it is upon the religious associations of the holy catholic faith alone, that reliance can be placed for those truly humane asylum attendants. The religious associations of other christian communities are too youthful and too little known, whereas the Sisterhood of St. Vincent de Paul has been established for more than two hundred years. "Our official standing commands us first of all to care for the sick of the catholic faith; notwithstanding which, the weal and the woe of the sick of all other religions will be equally near to our hearts." He gives an account of the constitution of the religious order founded by the daughter of St. Vincent, the property which belongs to it, and the conditions upon which members are received. From these it appears that the sisterhood does not derive its members from very poor families, but from respectable ones, of good and honorable repute.

A new member passes three months or more in a state of probation; then two or three years as a novice; after which she is considered worthy of a place as an attendant in a pauper lunatic asylum. Herr König explains, that

by the laws of the association there is a strict division of labor among the sisterhood; the work most suitable to the peculiarities of each member being imposed upon her. Some, it appears, have to attend to household affairs; others to the labors of nursing. There are so-called serving sisters, by the employment of whom the sisters of a higher grade, the real sisters of the order, are enabled to husband their experienced labors for the actual service of the sick. These serving sisters gain experience in their duties, and are able on occasion to replace the sisters of the order. The experience and knowledge of these special duties, acquired by the Sisters of Charity during a long period of devotion, remain as a standing capital belonging to the community, undiminished by the loss of a particular member. The author maintains that the sisterhood have not only known how to perform, but have actually performed, everything which was required of them. He acknowledges "that they have made many enemies, who, no matter from what motives, have striven with great energy, and with the appearance at least of important reasons for their conduct, to prevent the introduction of the Sisters of Charity into public hospitals, and especially those for the insane; and among these enemies are many celebrated physicians of the present day." This is an important admission on the part of the reverend and enthusiastic advocate of the tender hearted sisterhood, and one on which the hospital physicians of this country will do well to ponder, before they give their adherence to the new scheme of unpaid nursing. Can it be that the Sisters of Charity have made numerous and bitter enemies, among whom are to be ranked the most eminent physicians in Germany, without having given some cause for so much enmity? Such a supposition is highly improbable; besides, if one may judge of the disposition of the community from that of the reverend gentleman who advocates their cause in the work under consideration, one must admit that it is far from being free from arrogance, exclusiveness, and enmity. Herr Konig calls Professor Damerow's account of the order an historical lie. He affirms that the latter throws doubt upon the morality of the sisters by stating that "*die barmherzigen Schwestern sind und bleiben noch immer Madchen*," and he urges those opinions in a manner which the learned editor pronounces to be distinguished, not so much by a limited degree of impropriety, as by downright impertinence.

It appears that the authorities of the lunatic asylum at Stephensfield have made an agreement with the Lady Principal of the order, whereby the sisterhood are entrusted with the entire care of the insane in the female department; also, under the authority of the steward, with the household affairs on both sides of the establishment. The steward (*Oekonom*) is commissioned with procuring and receiving all the articles of food. The sisters have to give their attention to the diet, the management, and the medical prescriptions, and to follow the rules. Here as in France the sisterhood have, according to the laws, an official and executive position, under the administrative direction of medical officers and the steward.

Professor Damerow concludes his review of this subject with an expression of opinion, that the question cannot be entertained that "The whole care and household management of asylums of mixed religion should be in the hands of the Catholic sisterhood." He thinks that on account of this question asylums will be established according to the different religions; and even in asylums of this kind he thinks that the Sisters of Charity ought only to be entrusted with the household management, under legal limitations, and under the direction of superior administrative authority; as is the case in France and elsewhere, and that the duties of ward attendants ought to be confided to them, on the female side only: "As for the deaconesses in the evangelical asylums their value is about the same; the most honorable society of the '*Christian Weteifer*,' has been proved by about two hundred years experience, and at the present day it shews itself to be a religious association which will work for that which is really best, in every respect." In affairs of this kind, however, it is necessary never to lose sight of the fact, that institutions for the insane are institutions for the sick: let happiness and unity of opinion be maintained in them!

We are not surprised that the alienist physicians in Germany are find-

ing themselves in direct rivalry with the chaplains of the asylums, and with the clergy generally. If medical men permit themselves to be led by the ignis fatuus of metaphysics from the true paths of science, into that chaotic district of discussion, where there is neither dry land nor good water, they must expect to meet with spiritualist rivals and antagonists. If insanity is not a disease of the brain, but of the soul, as many of the German physicians teach, why should not deference be paid to the opinions of the clergy, in a matter so completely within the sphere of their studies and of their knowledge? Indeed, if these doctrines are true, it appears to us indisputable, that in the domain of what is called Psychology, it is not the clergy who are intruders but the medical men themselves. In England, insanity is held to be as purely a disease of the brain as apoplexy or phrenitis; at least this opinion is entertained by the vast majority of English physicians, and of the educated public.

The *Evangelische Kirchenzeitung* (Nos. 35 to 39) contains important articles on the conduct and demeanour of clergymen towards the insane, a review of which we had prepared, but which the pressure of matter compels us to omit.

*Reports on German Institutions for Idiots, from the Correspondenz Blatt der Deutschen Gesellschaft für Psychiatrie.*

*Report of the Institution for Cretins at Ecksberg.*

Since the establishment of the hospital 55 patients (31 boys and 24 girls) have been admitted. Of these six have been removed (2 boys and 4 girls), and one boy has died. The present number of the patients therefore is 48; 22 are under 12 years of age and 26 over; 20 are males and 20 are females. Of 25 the mental development resembles the normal condition of an infant of a year old; 16 are speechless, and 9 are incapable of utterance; 16 have attained some religious knowledge; 15 receive elementary instruction; 20 are occupied with household occupations and handiwork; 5 are helpless even in feeding themselves; 4 cannot walk; 16 are ill and infirm; 2 are crippled.

More or less considerable improvement has been obtained in each case. *None have been dismissed cured.*

*Sixth Report of the Institution for Idiots at Winterbach,*

From the sixth year's Report of the hospital for the cure of idiot children at Winterbach, in the district of Schorndorf, Wirtemberg, by Dr. Müller, physician of the hospital, Stuttgart, 1854, it appears, that the hospital contains 66 children (37 boys and 29 girls), who are divided into three classes for instruction. The first corresponds with the national school. Each year many out of this class are confirmed; it contains about 20 children. The second class contains 17 children. The third class contains 29.

Hitherto a division has been made for the deaf and dumb, but these now are to be removed to the deaf and dumb hospital.

On the question of endemic and sporadic positive cretenism, the author gives his opinion, that the cause of endemic cretenism is the marsh miasma, an opinion which has also been maintained by Dr. Von Geller, and also in latter times by Guggenbühl.

The miasma, "when its action is detected, operates like a gradual poison given in small portions, and instilled into the life blood;" promoting the origin of cretenism, of goitres, and of deafness and dumbness. It works actively, and shrouded in fog brings the evil even to distant situations. This last discovery



now removes all former difficulties. (1) The unborn child may be thus poisoned, and thus born with cretenism. But it may also originate after birth, when besides the miasma, brandy, injudicious diet, uncleanness, mental neglect, wet, damp, dark dwellings, marriage of relations, hereditary, want of sun and air, may be causes. The sporadic cretenism may also be hereditary, but it commences later. The same influences may occasion it, but also pure bodily disease, particularly of the brain, may be the cause. Amongst the prophylactic measures are those for the prevention of miasma, and for obviating the above named evils.

*First Report of the Institution for Idiots at Hubertsberg, Saxony.*

This is the Report of the first Government institution for idiot children in Germany. The method is given in which instruction is imparted, being the first time the subject has been made public by a master; they have hitherto, as it appears, made a secret of it. Although in general we agree with the view of Herr Glasche, still his method suggests thoughts, and induces us to observe what has been so frequently remarked of those who instruct idiots, that they treat them rather as though possessed of sense, or as deaf and dumb children. There is a great difference between the two systems, and I think that it has not been advantageous to idiots that the teachers of the deaf and dumb have felt themselves especially called upon to develop the minds of these children; with the deaf and dumb we never reach the brain by the ear, but through the other senses, which must supply the place of the ear; with the idiot, however, we make use of the ear, which we must acutely develop and work with. The means of instruction of the deaf and dumb are not connected with the ear, but with the other senses; those for idiots are especially for the ear. Another circumstance which I must censure, and which is based upon this false view, is the use of pantomime in the education of idiots. Pantomime can be applicable only where speech fails and where a ready idea must be expressed; but where ideas fail, but speech, even if only rudimental, can be used (and this latter with idiot children may be always obtained), then I do not know of what use the pantomime can be.

The author observes that, all included, forty-five pupils since the commencement of the establishment, have been treated; thirteen have been removed, two have died, and thirty remain. Of the thirteen dismissed, seven received confirmation in the establishment; and thereupon the author makes a number of explanatory observations. I infer from the regulations in the fourth division, that the yearly expences amount to 24 dollars if the relatives pay, and to 12 dollars if paid by the parish.

J. C. B.

*Regina versus Huxtable. Ill-treating a Lunatic.*

At the Devon Lammas Assizes, July 3rd, before Mr. Justice Compton, ANTHONY HUXTABLE was charged with abusing, illtreating, and wilfully neglecting Edward Lancey, a lunatic, at Bratton Fleming.

Mr. Stock and Mr. Karslake appeared for the prosecution, and Mr. Stone defended the prisoner.

Mr. Stock in opening the case, said the defendant in this charge, was accused of unlawfully confining, and illtreating, and neglecting, one Edward Lancey, a lunatic. This prosecution was instituted by Her Majesty's Commissioners in Lunacy, under an Act of Parliament passed not very long ago, the provisions of which relative to this case, I will read to you. The Act in question is the 16 and 17 Vic., cap. 96, and the present proceeding is under the 9th section of that

Act. The learned counsel having read the part material to this enquiry, shewing that those having charge or care of a lunatic, and guilty of ill treatment and neglect, were chargeable with a misdemeanor, and liable to be indicted accordingly, proceeded—There has been some doubt as to the application of this statute in the case of a person taking private care or charge of a lunatic; and a recent decision has laid down, that a husband who ill-treats or neglects a lunatic wife is not responsible for so doing by the provisions of this section. Of course, gentlemen, we are bound to take that as a right decision, and so far it establishes the law in the case of a husband, who is under natural obligations to take care of his wife, and who is responsible for any neglect or ill-treatment he may be guilty of, whatever be the state of her mind. The application of this act to such a case, is most unnecessary; but it is equally clear that the section I have read, applies to this case, which is the case of a man not under any natural or legal obligations, to take care of the lunatic, but who stood to him only in the relation of a brother-in-law, whose care, therefore, was voluntarily undertaken. This view will be strengthened by the further fact, that he not only voluntarily undertook the care of the lunatic, but he was in the receipt of a sum of money, which was paid him for the maintenance and care of the lunatic. Therefore I apprehend, as regards the question, whether this case be, or be not, within the statute I have read, there will be no difficulty whatever. Supposing it could be objected that this case is not within the statute, the defendant is also indicted for aggravated assault at common law, for imprisoning and confining a lunatic contrary to law, keeping him without sufficient clothing and food, in an exceedingly filthy and miserable state. I apprehend, gentlemen, under this part of the charge also, if the facts are made out as I hope to present them before you, the defendant will be clearly guilty and responsible. I don't think I can do better than read for you a short extract from a charge of a learned Judge, Mr. Justice Coleridge, delivered here a few years ago, when a charge similar to the present was on the calendar for trial at the assizes. Mr. Justice Coleridge on that occasion said, "It is a principle in our law, which at the first suggestion of it, may seem a little hard, but the more you consider it the more will it appear to be perfectly just, that if a man breaks what is the law of the country to the injury of his neighbour, it is no justification that he has done it through ignorance of the law, or even that he had no motive in doing it. If he breaks the law, and injures his neighbour, he must bear the consequences of it. Now, the defendant took upon himself voluntarily to interfere with the liberty of his neighbour, and having done so, if he cannot justify himself for so doing, he must bear the consequences." I read this, because, as it appeared in that case so it appears in this; the defendant has interfered with the independence of his neighbour, either from intention or ignorance. He has confined the lunatic unnecessarily, for you will find from the evidence throughout, over and over again, that the lunatic was a perfectly harmless person, never disposed to mischief, or to assault or interfere with any person whatever, and therefore his confinement and deprivation was wholly unnecessary and improper. Therefore, both as regards the Act of Parliament, and as regards common law, I apprehend, if I prove the facts, the defendant must be by you considered guilty of the charge against him. The learned counsel having stated at some length the evidence he should be able to adduce, called the following witnesses:

James Richards lives at Kentisbury, and is one of the relieving officers of Barnstaple Union. I went to defendant's house at Bratton Fleming, on 23rd April last, between five and six in the evening. Mr. Carwithen was with me. I heard a hallooing noise, and I went towards the place where the noise proceeded; it was the room where Lancey was confined. That room was on the lower floor of the house, and the door was fastened by a hasp, or chain and staple. The passage to the room was dark; the room was so fastened that it could not be opened from the inside. On opening the door and going into the room, I saw a bundle laying on the bed, and moving about. I saw it was a human being. The room was dark, the only accommodation for light being a small window, over which were fastened some ledges of wood. It was not light

enough for me to distinguish at first what was in the room. On opening the door there was a great stench, which rendered it disagreeable to open the door and go into the place. I examined the bed on which the man was lying. The prisoner came during the time I was there, about five minutes after I came, and it was after he came I examined the bed. It was a bureau bed, and the lunatic was lying on straw. The covering, I believe, was a rug and a part of a blanket, or a bag. The lunatic had only on a shirt. The size of this room was about eight feet long, six feet wide, and not six feet high, as I could not stand upright with my hat on. I could not see much of the lunatic on the bed, but he was assisted out over the side of the bed. He remained sitting up on the bed, with his legs over the side of the bed, very much bent. The prisoner assisted him up. His nose was almost between his knees, his legs, drawn up, I said to Huxtable I was come to see Lancey, but I dont recollect what he said in reply. I talked to the lunatic, but could not get any rational answer. He talked nonsense. I made a report, and received the magistrate's order to bring the lunatic to them, I sent an assistant, and afterwards went myself to Huxtable's, on the 5th May. I saw Huxtable, and told him I was come for Lancey. He said he did not know that he should spare him. I told him I would have him. He replied that he had seen Mr. Palmer, (solicitor of Barnstaple,) who told him that he need not part with him, as there had only been one doctor to see him. I told him I had a warrant for him, and must have him. I asked him for some clothes for the lunatic; he said he had none. I told him he had better get something to put on him. He then brought a pair of stockings, a shirt, a flannel petticoat, and another petticoat of some sort. After he said he had no clothes, I said it would be better, and more respectable to have some clothes. I said if clothes were not brought I would take him naked; it was then clothes were brought. When the clothes were put on him, my assistant and the person who drove me out, took him out to the omnibus, and put some straw in the bottom, and laid him there, and brought him into Barnstaple; Huxtable went with me. The lunatic was taken before the magistrates at Barnstaple, and ordered to be sent to the asylum. I removed him there myself. I had some conversation with Huxtable about the lunatic at his house, the second time I went there; he told me he had £21 a year to keep him, and it helped to pay his rent. He was left a widower with a long family, and he did not wish to part with the lunatic, as his mother and sister requested him to keep him. He said the lunatic had been with him seven years, that he was perfectly quiet and harmless. On the occasion of my second visit, I did not observe the same stench as on the first occasion; it then smelt of pitch. The first time I went there the smell was like that of a ferret box. Huxtable told me on the second occasion that he had burned pitch. I did not see on either occasion any chamber utensil in the room. Huxtable told me he had married the lunatic's sister.

Cross-examined by Mr. Stone. My attention was first called to this case on the Friday before the Monday, 23rd April. I was then applied to by the Rev. Mr. Carwithen. In the house of the prisoner is a passage leading from the front door, having a room on each side, and the room where the lunatic was, was further down the passage, about six feet or more from the other rooms. The door was fastened so, that any one on the outside could open it. The window was about four feet from the floor, but I could not say whether or not it could be opened. The laths appeared to be put across it for the purpose of preventing the glass being broken. The room had a wood floor. The man, I think, could not, without assistance, get himself out of the bed. His legs were drawn up under him, and his head between his knees. I dont know how long he had been in that miserable state. The bed was composed of straw, but I could not say whether or not it was clean. I did not observe that there were holes in the bottom of the bed. I was in the room on the first occasion for about ten minutes or a quarter of an hour. The lunatic appeared to be wholly without intellect. I think it was impossible, from the man's bent fixed position, to get on a pair of small clothes. I was in the court yard when he was carried out to the omnibus. He was carried out in the same position in which he was lying. He was hallooing, talking, and singing. I observed no marks of vio-



lence on his person on the bed. The prisoner told me he had £7 from each of his wife's sisters, and £7 his wife's. I don't recollect if the prisoner said that Mrs Smith (the lunatic's sister) had requested him to keep him in consequence of his mother becoming a lunatic. Prisoner said the lunatic was in the same crippled and helpless condition when he first came to him. I don't recollect asking him to explain the cause of the stench in the room, but he told me that he gave ease to nature where he lay, and that it was impossible for him to prevent it. He also told me that he destroyed his clothes as fast as they were brought to him. I have known the prisoner a very long time, and never heard anything against him.

Re-examined by Mr. Karlake. I understood that the £7 from each of the sisters was from the estate, and given to him for the maintenance of the lunatic.

The Rev. J. C. Carwithen examined by Mr. Stock. I am rector of the parish of Challacombe, adjoining the parish of Bratton Fleming, where the defendant lives. In consequence of some reports I heard, I called upon Mr. Richards to go with me to the defendant's house on the 23rd April, to visit the lunatic, Edward Lancey. The defendant was at his farm, but I saw his daughter. While speaking to her I heard the lunatic raving. I was close beside Mr. Richards when he opened the door. When it was opened, the stench was intolerable, and I did not go in, but stood with one foot in on the step. The stench made me very sick indeed. I could see into the room, and there I saw a sort of moving bundle on the bed. The defendant came up almost immediately, and I told him that Mr. Richards was come to see the lunatic. The prisoner spoke to the lunatic, and told him to come over to the side of the bed. The lunatic had a fearful anxious look. He pushed himself on with his hands to the edge of the bed, and Huxtable stood close beside, lifted up his shirt and said, "you see I keep him clean." He had a striped cotton shirt on, and nothing else. He was laying on straw. There was a rug on the bed, and something else like a blanket. I saw there was no fireplace in the room, and the prisoner told me there was no convenience, because the lunatic was in the habit of destroying it. On the Saturday following, (28th,) I went again with Mr. Tor, a surgeon, of Barnstaple. I did not go into the house, but remained at the door. I was there when the door of the cell was opened, and smelt the stench plainly; that was about twenty feet distant. I did not ask what he had for taking care of the lunatic, but on the first occasion he volunteered a statement. He told me he had £20; but on the third occasion I saw him, on the 19th May, he said it was £21 he had. On this occasion Mr. Law measured the room. It was eight feet long, six feet broad, five feet nine inches high, and the window one foot square looking to north. On that third occasion the prisoner said the lunatic was perfectly harmless, but that he would swear and halloo dreadfully. He repeated several times that he never knew him to do any violent act except destroying his clothes, and chamber utensils. The window is about four feet from the ground, and on the sill there was a board with very sharp nails; it was also nailed up with strips of wood to prevent the glass being broken. These nails were pointing upwards; they had been driven into the board, and the board nailed on to the sill. When I came the third time it was removed; but I had seen it one day when I casually looked in between my second and third visit, to look at another room in which I had been told by the prisoner the lunatic was confined by his mother in a house close by. These nails would prevent a person getting to the windows. This house of the mother's is now a workshop.

Cross-examined by Mr. Stone. I have known the prisoner for five years and always knew him to be a hard-working, honest, industrious man. I have heard nothing about his humanity. I visited the house two or three times after the lunatic had been removed, and the prisoner never made any objection. The room where I was told he had been confined by his mother was narrower but longer, had a window but no fire place. The window appeared to be about the same size as in the other room. I don't know if the window in this out-house would open, but that in the room which the prisoner had kept the lunatic would open. The prisoner told me he had built this room expressly for the

purpose of keeping the lunatic in ; it was opposite his own kitchen door. I should think the stench from the room must have been intolerable to the family when the door was open : but their nerves cannot be so sensitive as ours. When I mentioned to Huxtable the filthy state in which he was keeping the lunatic, he said he could not afford to keep him better for the money ; that he could not afford to keep a person constantly with him ; and he looked after him as well as he could. He also explained that the reason why he bored the holes in the bed, was for the urine to drain through the straw, as the lunatic broke all utensils. The prisoner also said that the lunatic discharged his excrement in the same way, and he could not prevent him. He said he was in the habit of cleaning him, and keeping him as clean as he could. The stench partly arose from the urine being absorbed by the wood floor. I had some conversation with the prisoner just before this, about the lunatic, and told him I was coming to visit the lunatic, and he made not the least objection ; I was to come to see him at any time. I don't recollect that he had at any time invited me to come to see him. I saw no marks of violence, but I was not in, and consequently was not in a position to see. The prisoner has told me the source of the money he received. The estate is left to the three sisters, each receiving £21, and he had £21 for the lunatic, which was made up by £7 from each sister, his wife being one of the three. The prisoner stated that the lunatic was in the same crippled state when he had him first.

Re-examined by Mr. Stock. I have no personal knowledge of the history of the lunatic before the prisoner got him, or of his living in the adjoining room, under the care of his mother. The room in the adjoining house was loftier, and much better for keeping such a person than the one in which he had been confined by the prisoner. Had the room been cleaned twice, or even once a day, such a stench could not have arisen. If it was even frequently cleaned, such a stench could not have arisen.

By Mr. Stone. The prisoner was asked how the lunatic was fed, and he replied, that he had the same as his own family, and he always took it himself to the lunatic.

Thomas Bury Tor examined by Mr. Karslake, is a surgeon, practising at Barnstaple. In obedience to the magistrates, I visited Lancey on Saturday, 28th April, for the purpose of making a report on his state, which report I afterwards made. I went with Mr. Carwithen about eight in the evening, and saw Huxtable, whom I told I had a warrant for the examination of the lunatic. Huxtable took me to the place where he was. I found him huddled up in one end of what appeared to be a bureau bed, lying on his back, with his knees very nearly approaching his chest. He was lying on about a third or half a bundle of oat straw. The bottom of the bedstead was board, with a number of holes in it. He had on a good stout canvass shirt, and was covered by a portion of a blanket, and some other covering which I cannot well describe. It appeared something of woollen material. I found him unquestionably a lunatic. The shirt was discoloured in the lower portion of the front by what I took to be urine, but it was then dry. There was an excessive stench proceeding from the room. It appeared to have been recently cleansed ; but notwithstanding, the stench was excessive. I examined the boards of the floor, and they appeared to be quite saturated with moisture ; a portion from the recent washing, but judging from the smell, also from something else. There was no utensil in the room. Huxtable said the lunatic broke every utensil he had had for him, and that he voided every thing under him. He said he could not induce him to use a chamber utensil. He stated that the lunatic had been with him about seven years. I found the place such as described by the former witness. I spoke to Huxtable about the nails in the sill, and he stated that it was to prevent the lunatic getting up to the window, which he had frequently broken. I spoke to him about the impropriety of having such things there. The lunatic was exceedingly pale and emaciated. I asked him (the lunatic) to shew me his tongue, which he did. I found it clean and healthy ; and from his general appearance, I should say his emaciation arose from a deficiency in the quantity and quality of food, combined with the unhealthy atmosphere in which he was

confined. A person who was confined in such a place would require better food than one who had access to the open air. The knees were very nearly up to the chin, and the legs at a very acute angle, so that the calf of the legs came to the under part of the thigh. The lunatic had no use of his legs for walking, but he could use his arms. I expostulated with Huxtable about the lunatic being in such a place, and he said there was no asylum would take him in, on account of his dirty habits. I said he was much mistaken, as proper places were provided for such persons. His reply was, "Well, they would not get the money." Upon my report the lunatic was removed.

Cross-examined by Mr. Stone. It was not my impression that the words used by the prisoner were "They won't keep him for the money." I cannot swear that these were not the words used. I went to make an examination of the man on the magistrates' authority. I found no mark of violence or sore whatever. I expected to have found some sores on the back, but I found none. Had he been on a bed without a hole in it, lying in his urine and excrement, there must have been many sores upon his body. The straw was clean oat straw. The lunatic was like a bale of goods, and wholly lunatic. I asked the prisoner how he fed him, and he told me, he was fed as the rest of the family were. He said the lunatic had been previously with a sister for seven years, and was in the same crippled state, when he came to him.

By Mr. KARSLAKE—The blanket was very dirty and discoloured; it was not a whole blanket, but a part of one. The place in which the lunatic was confined was unfit for the accommodation of such a person. He could not be kept in a proper clean state without constant attendance. If the boards of the bed and floor had been frequently cleansed, the stench would not have been such as I then found.

By his LORDSHIP—I saw nothing like wilful neglect or violence; and I attributed the state in which the lunatic was to the impossibility of the prisoner looking after his farming business and at the same time paying the requisite attention to the lunatic. The arrangement of the holes in the bed was the best that could be in the circumstances.

Dr. J. C. Bucknill, physician, and resident superintendent of the County Asylum, of Exminster, examined by Mr. STOCK—I recollect the lunatic being brought to the asylum on the 5th May last. I examined him on the 5th, and made a more minute examination on the day following. His mental condition was that of chronic mania—the faculties of the mind were deficient, but not lost. His body was extremely emaciated. There was no colour in the cheeks or lips; the skin of the abdomen was excoriated, but the skin of the back was sound. The excoriation of the abdomen I attributed to the irritation produced by the urine. There were some slight bruises about the buttocks and thighs, which I thought might be produced by bringing him to the asylum—a long journey. His legs were contracted so that the knees were close to the cheeks, and the heels rested upon the buttocks; and the skin of the buttocks where the heels rested was depressed, and had become hardened, and was darker. He must, from these marks, have been in this state for a considerable time. The legs could, to a certain extent, be removed from that extremely cramped position, so that the body of the patient might be brought by somebody else into the shape of the letter Z, but not further. He had the free use of his arms. I observed that both the bones of the left leg were broken about four inches above the ankle joint. The fracture was in that state which surgeons know by the name of the second period, and in a healthy person would indicate that from ten to twenty-five days had elapsed since the fracture. That period would no doubt be prolonged in a person in an unhealthy state. I should think in this case the fracture must have taken place within three months; and I found that opinion upon the fact that the union of the bones has proceeded but very slowly since the patient has been under my observation. It is possible the fracture might have been done within between twenty and sixty days before he was brought to the asylum, but not less than twenty days. The emaciation I attribute to the very unwholesome place in which he had been so long confined, and probably also to insufficient food. A person so confined



as this lunatic was, and in the state he was in, would require more food than a person in a state of health and living in the ordinary way. On the mental state, the confinement would have a most prejudicial effect, having a tendency to destroy what remained of the mental powers. The state of his mind is considerably improved since he came to the asylum. He was at first noisy, anxious, and timid, having a most anxious and wistful expression of face, symptoms which would, no doubt, be aggravated by such confinement as has been described. I have no difficulty now in keeping him clean, and had very little difficulty from the first, as he always gave indications of his want. He had a habit of saying "its naught." He can't make use of the proper conveniences without aid, but when he gives the indications aid is rendered. He gives these indications with this aim, and so does not dirty himself. There is no disposition in him to destroy his things. I consider the place which has been described a most unfit place for a lunatic to be kept in, on account of its filthy state, want of ventilation, want of light, deprivation of clothing and bedding, and the want of proper attendance.

Cross-examined by Mr. Stone. It would not have been necessary for a man to be kept constantly in attendance to prevent the lunatic being in such a filthy condition. I never saw a man so extremely crippled as this. If a person had gone in several times a day to attend him, he would not have acquired the filthy habits this man had. I think four times a day would be sufficient. This man's faculties are not so completely lost, but that he would find it disagreeable to be left in filth, and if a very moderate amount of attention had been paid to him, he would not have acquired these filthy habits. It has not taken much time to get rid of them. Since I came in I have seen him every day, and sometimes oftener. Though nearly six feet he is very light, and one man can lift him from his bed to the convenience. The indication he gives seems to be a habit, and not something he has acquired since he came to the asylum. The excoriation extended all over the abdomen, but disappeared in ten days or a fortnight by his being kept clean. I could form no notion from the indentations in his buttocks, how long he had been in this state. The sleeping room in which he is confined in the asylum is about ten feet long, six feet wide, and eight feet high, and the door opens to the gallery. The door is open by day, and the attendants act the part of a lock and key.

By Mr. Stock. The room is more than eight feet high, well ventilated, and the gallery is heated by steam.

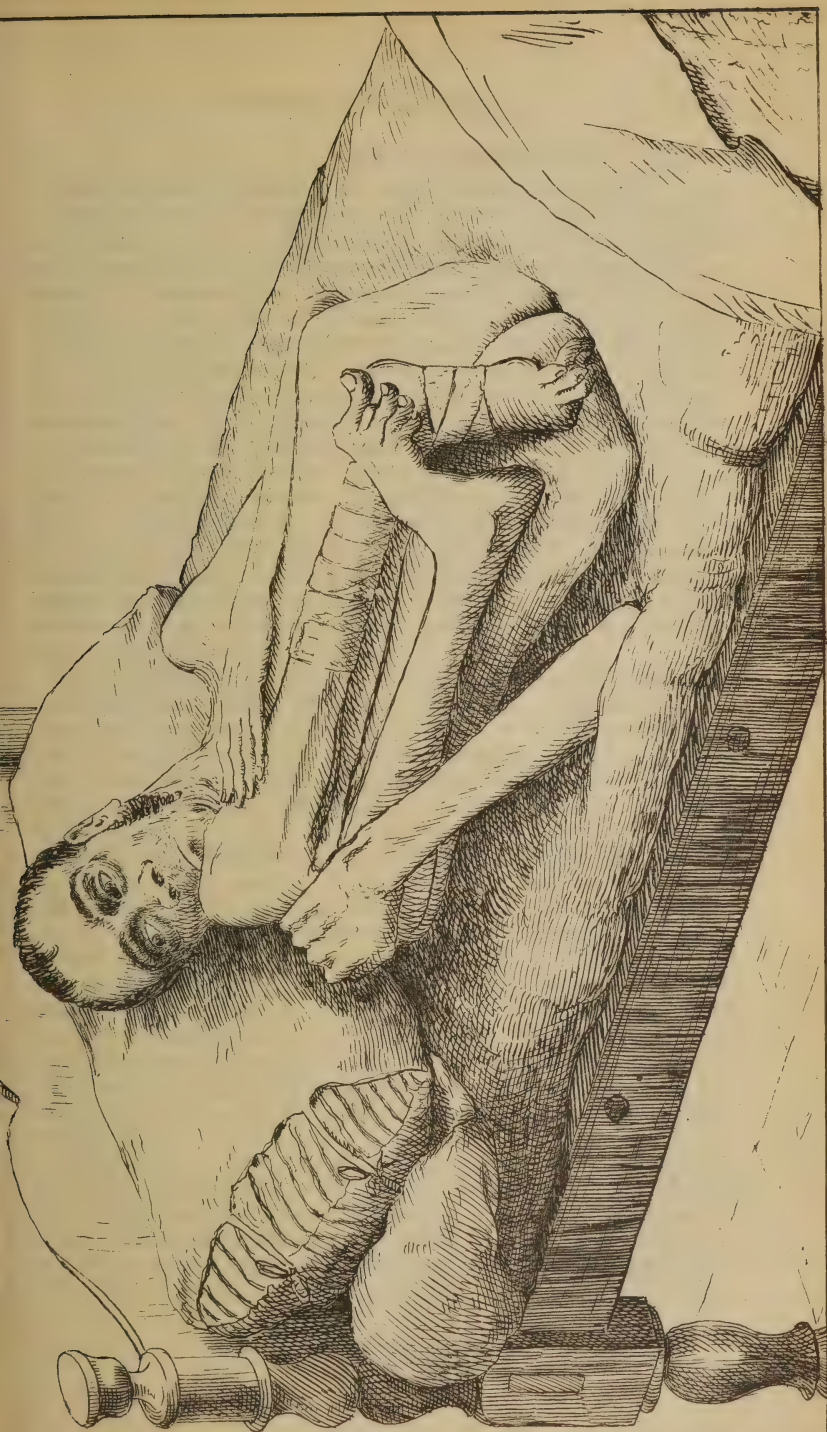
By his Lordship. The leg bone rested on the thigh bone, and the thigh bone formed a sort of natural splint, the consequence was there was very little dis-placement. When he came in the bones could not be rubbed together, but they could be bent. An ignorant person might have overlooked such a thing in a person under his charge.

This closed the case for the prosecution, upon which

His Lordship remarked, that he thought they had no case in common law, for wilful neglect, for it had not been proved that the prisoner wilfully neglected the lunatic; on the contrary, the evidence went to shew that he did all he could for him under the circumstances. And there was no case under the charge of unlawfully imprisoning, for the lunatic was a prisoner by nature.

The jury returned a verdict of not guilty, and the prisoner was discharged.

The accompanying illustration is a faithful representation, by the pencil of G. Pycroft, Esq., M.R.C.S., of E. Lancey, a few days after his admission into the Devon Asylum. Since the above trial, another patient, named Joseph Adams, has been admitted into this asylum. He was discovered by ourselves in a room 10 ft. by 7 ft., and 6 ft. 6 in. high. This room was immediately under the roof, and was very hot. Adams had been imprisoned in it eighteen years. During the whole of that time he had never been out of the room nor had his clothes on. He was well fed, and used to get fat in the winter, but the heat of the room made him thin again during the summer months. He is not crippled. He was imprisoned by his mother and his brother.—Ed.







*Sillwood, Brighton, July 5th, 1855.*

Dear Sir,—My attention has been called to a letter in the "Asylum Journal" for this month, by Dr. Wing, on "Forced Alimentation," a subject upon which the opinions of the medical world greatly differ, some of our highest authorities doubting its efficacy. I confess, after many years' practical experience, I doubt the propriety of its use in all cases where the patient refuses food, but that success has occasionally attended it there can be no question. I will instance a case. Some years since a clergyman was placed under my care; his general health was good, and his appetite equally so. In a short time, without any ostensible cause, he became morose in his manner, took a great antipathy to those who had charge of him, and ultimately refused his food. After the lapse of a few days we were compelled to resort to the stomach-pump. He submitted to the operation much better than I had anticipated; but when he found he had to go through the same process the following morning he gave in, asked that food might be brought him, and from that time till I ceased to be connected with the asylum, nearly two years later, continued to take even more than the usual quantity of aliment.

The expedient I had recourse to in another case, though equally successful, bears with it the stamp of romance. A lady, who was placed with me, was, or imagined herself, in love with an officer of rank in one of our cavalry regiments. She had known him some years previously in Dublin. At the time of her attack the regiment was in barracks, near where I was then living. The lady, in ignorance of this fact, suddenly refused all nourishment unless she could see Colonel ———. Finding every effort fail, and that she was gradually sinking, I obtained the sanction of her family, and called upon the Colonel, who at once acceded to my request, and having prepared a substantial luncheon, I introduced my poor patient into the room where the gentleman was sitting. At first she refused to recognise him, but in a few minutes she did so, and at his solicitation partook of a hearty meal, and though she afterwards occasionally evinced a disinclination to eat, it never gave us any serious uneasiness, and she still lives—unhappily the inmate of an asylum. I am sure I need make no comment on the conduct of Colonel ———, to whom she was, it appeared, a comparative stranger.

Three other cases resisted all my efforts, and, though everything possible was done, they died, and the sufferings of two of these poor creatures, when the stomach-pump had been repeated for some weeks, were so great, that I ceased to continue its use.

I shall, indeed, rejoice, if some more efficacious remedy can be suggested for these truly distressing cases.

I am, dear Sir,

Faithfully yours,

G. WYTHE DANIEL, M.D.

## ANNUAL MEETING OF THE ASSOCIATION OF MEDICAL OFFICERS OF ASYLUMS AND HOSPITALS FOR THE INSANE.

This Meeting took place on the 19th of July last, at the Freemason's Tavern, Great Queen Street, London. The following Members were present:

DR. BURNETT,	DR. R. B. SANKEY,
DR. BUCKNILL,	DR. SEATON,
DR. CAMPBELL,	DR. SHERLOCK,
DR. CHEVALIER,	DR. PYRMONT SMITH,
J. CLEATON, ESQ.,	DR. STEWART,
JAMES CORNWALL, ESQ.,	DR. STEVENS,
SIR CHARLES HASTINGS,	DR. SUTHERLAND,
DR. HITCHMAN,	DR. THURNAM,
DR. HOOD,	DR. TUKE, <i>Chiswick</i> ,
DR. KIRKMAN,	F. D. WALSHE, ESQ.,
W. LEY, ESQ.,	DR. WING,
DR. PRICHARD,	DR. FORBES WINSLOW,
DR. LOCKHART ROBERTSON,	DR. WOOD.

The President Dr. Sutherland having taken the chair, Dr. Thurnam, Medical Superintendent of the Wilts County Asylum, was unanimously elected President of the Association, for the ensuing year.

In the absence of Dr. Williams, who was unavoidably prevented from attending, Dr. Stewart was requested to act as Secretary.

The minutes of the preceding meeting were read and confirmed.

The report on the Rules of the Association was presented by the Committee appointed at the preceding meeting, to revise the same. The rules were read and considered seriatim, and after full deliberation, and, as regards some of them, much discussion, were adopted, as appended hereunto.

Dr. Sutherland moved and Mr. Ley seconded, "THAT THE ASYLUM JOURNAL BE PUBLISHED QUARTERLY, INSTEAD OF EVERY SIX WEEKS, WITH AN AMENDED TYPE AND EXTERNAL COVER." After considerable discussion, and the proposal of several amendments, this resolution was put and carried.

Dr. Stewart moved and Dr. Winslow seconded, that THE ANNUAL MEETING FOR 1856, SHOULD BE HELD AT DERBY, AND THAT DR. HITCHMAN, OF THE ASYLUM AT MICKLEOVER, BE PRESIDENT FOR 1856-7.

Dr. Stewart moved, Dr. Kirkman seconded, that Mr. Ley be appointed Treasurer, which was adopted.

Dr. Bucknill moved, and Dr. Campbell seconded, that Dr. Lockhart Robertson be appointed Secretary, Dr. Williams having expressed his desire to resign that office.

Dr. Winslow moved, Dr. Stewart seconded, that Dr. Browne of Dumfries, be appointed Honorary Secretary for Scotland.

Dr. Stewart was re-appointed Secretary for Ireland.

Dr. Kirkman and Dr. Campbell were appointed Auditors for the ensuing year.

Dr. Bucknill was requested to continue his services as Editor of the Journal, which was carried by acclamation.

The following resolution was proposed by Dr. Hitchman, and was carried unanimously, "THAT THE MEMBERS OF THE ASSOCIATION BE REQUESTED TO PUBLISH THEIR ANNUAL REPORTS IN AN UNIFORM SHAPE, THAT SHAPE BEING A MEDIUM SIZED OCTAVO.

Dr. Bucknill drew the attention of the meeting to the difficulties connected with the proper filling up of Orders and Medical Certificates for Patients, and presented to the meeting a simplified form for this purpose, which, after some discussion on the subject, was recommended to the attention of the Members.

The subject of the deficiency of accommodation in county asylums for the insane poor, was brought under the notice of the meeting in a letter from Dr. Boyd, of which time, however, did not permit the full discussion. The following is a copy of the letter :—

*To the President of the Association of Medical Officers of Asylums and Hospitals for the Insane.*

Sir,—Being unavoidably prevented attending the meeting of the Association of Medical Officers, on the 19th instant, and having seen in the last number of the Asylum Journal, in the amended rules, that it is proposed that communications shall be received; in the event of the rule being adopted, I beg to avail myself of the privilege.

There is one subject to which I perceive the attention of the Association will be directed, that is, the crowded state of lunatic asylums, which threatens soon, from the increasing demands made upon them, especially this year, unless provision be made speedily for chronic cases, to lead to the exclusion of acute and probably curable cases.

As a remedy for this growing evil, the removal of harmless chronic cases to the workhouses, has been tried and found unsuccessful, owing to the inferior dietary and general want of system or arrangement in workhouses, suitable for such cases. Many of those houses from which such patients have originally been sent, are now half-empty; and under a proper system, they might still be as well cared for, in them, as in asylums.

The administration of *medical relief* in its present state, is committed to a temporary board of Poor Law Commissioners, whose appointment has been renewed by Parliament every four or five years, and who are totally unacquainted with this subject; it is degrading to reflect that such an important matter, so immediately connected with our profession, should altogether be entrusted to persons not belonging to it.

If the medical officers of unions and workhouses, who now, by Act of



Parliament, are required to visit all lunatics in their districts, were to join our Association, the union of such a body would soon lead to salutary reforms, and a proper system of medical relief could be insisted on. Parts of workhouses might then be made auxiliaries to asylums, and the poor would benefit to a greater extent, without additional cost to the public.

From the frequent opportunities medical officers of asylums have of meeting officially, amongst their visitors, members of Parliament, and other persons of influence, if a comprehensive plan were generally agreed upon, a reform in medical matters pertaining to the poor might be speedily brought about.

I have the honor to remain, Sir,

Your obedient servant,

*Somerset County Asylum, 17th July, 1855.*

ROBERT BOYD.

Dr. Bucknill called the attention of the meeting to the subject of the abuses connected with the domestic treatment of the insane, and produced sketches of a remarkable case, lately admitted into the Devon Asylum, illustrative of the cruelties which so often result from such treatment. He proposed the following resolution, which was unanimously agreed to, "THAT THIS ASSOCIATION VIEWS WITH EXTREME REGRET THE CONDITION IN WHICH MANY INSANE PERSONS, NOT PAUPERS, ARE DETAINED BY THEIR RELATIVES IN WHAT IS CALLED "DOMESTIC CARE," AND THIS ASSOCIATION BELIEVES THAT LEGISLATIVE ENACTMENT IS ABSOLUTELY REQUISITE, WHICH WILL BRING ALL INSANE PERSONS WHATEVER, UNDER OFFICIAL INSPECTION."

A letter was received from Dr. Erlenmayer, the Secretary of the German Association of Psychologists inviting the Members of this Association to attend their annual meeting, to be held at Vienna, in September next; the thanks of the meeting were voted for this invitation.

The Treasurer's account was handed in, and reported to have been duly audited, and found correct; the balance in hand amounting to £55 7s 6d was ordered to be paid to the Editor of the Journal.

After the usual thanks to the President, the meeting separated.

The Members afterwards dined together, Dr. Kirkman being in the Chair.

## RULES OF THE ASSOCIATION OF MEDICAL OFFICERS OF ASYLUMS & HOSPITALS FOR THE INSANE,

*Adopted at the Annual Meeting, 19th July, 1855.*

1. *Objects.*—That the objects of the Association shall be the improvement of asylums and hospitals for the insane; the acquisition and diffusion of a more extended knowledge of insanity and its treatment; and the promotion of a free communication on these subjects between the Members.

2. *Members.*—That the Association do consist of medical officers of hospitals and asylums for the insane, public and private, and of legally qualified medical practitioners, otherwise engaged in the treatment of insanity.

3. *Election of Members.*—That the election of Members do take place by ballot at the annual meetings, a majority of two-thirds of those present being required for the election of each candidate.

4. *Annual Subscription.*—That each Member pay an annual subscription of one guinea, the subscription to be due in advance, on the 1st of July in each year; the accounts to be made up to the 30th of June.

5. *Arrears.*—That any Member in arrear of his subscription more than twelve months after the expiration of the year for which it becomes due, and more than three months after application by the Secretary for the same, shall cease to be considered a Member of the Association, provided no reason satisfactory to the annual meeting be assigned for the non-payment of such arrears.

6. *Honorary Members.*—That gentlemen, whether of the medical profession or otherwise, who are distinguished by the interest they take in the erection and management of asylums and the proper treatment of the insane, be eligible for election as honorary Members, the election to be by ballot as in the case of ordinary Members.

7. *Officers.*—That the officers of the Association do consist of a President, Treasurer, General Secretary, a Secretary for Scotland, a Secretary for Ireland, the Editor of the Journal, and two Auditors, who shall be elected at each annual meeting.

8. *President.*—That the President for the year do enter on his duties at each annual meeting, and that his successor be appointed before the meeting separates.

9. *Other Officers.*—That the Treasurer and Secretaries, Editor of the Journal, and one Auditor be eligible for re-election.

10. *Annual Meetings.*—That an annual meeting of the Association be held on one of the Thursdays in July in each year, at one o'clock; such meetings to be called both by advertisement and circular to each Member, giving at least two week's notice.

11. *Committee.*—That the officers of the Association, with the President elect and the President of the past year, do constitute a Committee, with power to add to their number, which shall meet at twelve o'clock on the day of each annual meeting, in order to arrange the business of the day.

12. *Place of Meeting.*—That the annual meeting be held either in London, or, if so agreed at the preceding meeting, or after circular to each Member, in some provincial town or city where, or in the neighbourhood of which there is a public asylum, or where some other object is likely to attract the Members.

13. *Adjournment of Meetings.*—That the annual meetings may be adjourned to a second day, if a majority of those present so decide.

14. *Order of Business.*—That after the minutes of the preceding meeting have been read, and the ordinary business transacted, reports from Members appointed to prepare the same, and other papers and communications shall be received, and free discussion be invited on all topics connected with the objects of the Association. Each Member to be allowed to introduce one Visitor at the meeting. A report of the proceedings of each meeting to be published in the Asylum Journal.

15. *Finances and Asylum Journal.*—That after the payment of the ordinary expenses of the Association, the surplus funds shall be appropriated in aid of the Asylum Journal, published by authority of the Association; the accounts of the Editor of the said Journal and of the Treasurer of the Association shall be examined by two Auditors, who shall report to each annual meeting. Each ordinary Member of the Association to be entitled to receive the said publication without further payment.

16. *Register of Cases.*—That to insure a correct comparison of the results of treatment in the several institutions, it is strongly recommended to those Members who have the superintendence of public asylums to keep registers of the cases admitted, according to the form agreed on, at a meeting of the Association held at Lancaster in 1842; and to append to their respective annual reports, tabular statements on, as far as possible, a like uniform plan.

N.B. Copies of these registers, which were printed at the charge of the Association, may still be obtained at cost price, on application to the Secretary from Mr. Simpson, Bookseller, York.

17. *Disuse of Obsolete Terms.*—That by Members of the Association such terms as “lunatic” and “lunatic asylum” be as far as possible disused, and that except for official or legal purposes the terms “insane person” and “asylum” or “hospital for the insane” be substituted; and that generally all terms having an opprobrious origin or application in connection with the insane be disused and discouraged.

18.—*Alteration of Rules.*—That any Member wishing to propose any alteration in, or addition to the rules, do give notice of his intention at a previous annual meeting, or give a month’s notice to the Secretary, who shall inform each Member of the Association of the same, in the circular by which such meeting is called.

(Signed)

JOHN THURNAM, *President.*

OBITUARY—WILLIAM BATCHELOR DIAMOND, F.S.A., F.R.C.S., a member of the Association of Medical Officers of Asylums, and father to Dr. Diamond, M.S. of the Surrey Asylum, died deeply regretted on the 4th September, at his residence at Henley in Arden, Warwickshire, of which place he was High Bailiff, and Treasurer for the Brewers and Skinners estates.



*New Commissioners in Lunacy.*

The government have recently sent to Ireland, a Commission of enquiry into the manner in which the district lunatic asylums of that country have been erected. These institutions have been built with money advanced by the treasury; the repayment of which was guaranteed by the Courts of Quarter Session, from the county rates. The time of repayment having arrived, the local authorities of several districts have refused to make good their engagements, on the ground that these institutions have been incommodiously arranged, and badly built. The work has been done under the direction of the government Board of Works, and it would therefore appear that the new Commissioners have been appointed to investigate the proceedings of this Board and not in any way to supercede in their duties the gentlemen who there held the position corresponding to the Commissioners in Lunacy in this country.

It is scarcely probable that the report of the new Commission will succeed in making the repayment of the public money agreeable or satisfactory to the Irish rate payers; neither is it probable that in the building of the Irish asylums, greater errors have been committed than in the building of many English ones, which have all been paid for out of local taxation. In appointing Commissioners to investigate the work done by its own servants, the government is somewhat like a judge suing his debtor before himself. Will the Irish ratepayers be more satisfied to pay their money on the opinion of the Commissioners than on that of the Board of Works? The Commissioners appointed are, James Wilkes, Esq., Superintendent of the Stafford County Asylum, and Mr. Donaldson the architect, with Mr. Shelley for secretary. The government have certainly exercised sound discretion in the personal choice of these Commissioners. Mr. Donaldson's reputation as a first-rate architect is well known, and Mr. Wilkes to a long experience of the requirements of asylums, adds considerable practical knowledge in the details of asylum building. Under his immediate direction not only has the Stafford asylum been greatly enlarged, but the new and splendid institution on Coton hill has been erected. On questions relating to *asylum buildings and fittings*, the government could not easily obtain a more valuable and experienced judgment than that which this gentleman can give them.

*Lunacy Commissioners for Scotland.*

Her Majesty has appointed two of the Commissioners in Lunacy, Samuel Gaskell, Esq., and W. G. Campbell, Esq., to be Commissioners in Lunacy in Scotland.

The asylums in this part of the kingdom have not hitherto had the advantage of government inspection; and although several of these institutions have taken the lead in the application of scientific principles to the treatment of the insane, it is affirmed that the lion's share of the benefits has fallen to the lot of the wealthy classes of patients, and that the insane poor have not in all instances been provided with comfortable and satisfactory accommodation. It is expected that the influence of the Scotch Commissioners will approximate the fittings, the furniture, and the arrangements of the pauper wards in the Scotch asylums to that high standard which now prevails throughout this country.

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*Minister of Public Health.*

It is said to be the purpose of Government to follow out the example which they have already set, in subordinating the warlike departments, hitherto independent, under a common head, by creating at the earliest opportunity a high and responsible official, corresponding to the French Minister of Public Health.

A few years ago the collective health of the community was entirely neglected by Government. At the present time it attracts a considerable share of government attention, and annually absorbs a large sum of public money; but it is cared for by numerous official boards, entirely independent of each other, a system which is thought to be vastly more expensive to the country, and infinitely less efficacious than a government Office of Public Health, would be corresponding in its centralization and power to the Home Office, or the War Office under its new organization.

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DR. JOHN CONOLLY, Hanwell.  
W. B. DIAMOND, Esq., Henley in Arden.  
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W. C. HILLS, Esq., Maidstone.  
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DR. C. BURNETT, Alton, Hants.  
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DR. W. W. WILLIAMS, Gloucester.  
DR. WINGETT, Dundee.  
DR. W. WOOD, Kensington.

WILLIAM LEY, *Treasurer.*

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## ASSOCIATION NOTICES.

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### *Association of Medical Officers of Hospitals and Asylums for the Insane.*

The Annual Subscription of £1 1s., payable in advance, is due from the 1st of July, and can be paid either to the Treasurer or the Honorary Secretary. Post office orders to be payable to William Ley, of the County Asylum, Oxford, Treasurer to the Society.

C. LOCKHART ROBERTSON, M.B., *Hon. Sec.*  
1, Charles Street, Berkeley Square, Sept., 1855.

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The Honorary Secretary of the Association requests the favor of being furnished in course with the several Reports of Asylums and Hospitals for the Insane, addressed "Dr. Lockhart Robertson, 1, Charles Street, Berkeley Square, London."

Dr. Robertson is desirous of thus collecting, for the purposes of the Association, a complete series of these Reports.

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N.B. Any person wishing to become a Subscriber may have this Journal sent free by post, on application to W. & H. Pollard, Printers, North Street, Exeter.

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The Title and List of Contents for Vol. I. may be had on application to the Printers.



# THE ASYLUM JOURNAL

OF

## MENTAL SCIENCE.

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*Seventh Report of the Inspectors of Lunatic Asylums in Ireland, with Appendices, presented to both Houses of Parliament by command of Her Majesty, 1855.*

This seventh report of Dr. Francis White and Dr. John Nugent, the government Inspectors of Lunatic Asylums in Ireland, bears date, June 14th of the present year. The report embraces the last two years, during which time the reporters are happy to be able to inform the Lord Lieutenant that "their inspections have been most satisfactory in affording evidence of the beneficial working of the important department of the public service placed under their control, both as regards the successful appliance of the improved curative system now adopted in the treatment of lunacy, and the due maintenance, in quietude and comfort, of those whose confirmed insanity necessitates a prolonged residence within the walls of an asylum."

The total number of insane persons brought within the cognizance of the inspectors, according to returns made up to the 21st of March, 1855, is 13,493; of these 4,017 are in asylums, 2,000 are in poor houses, 156 are detained in jails, and the remaining 7230 are stated by the inspectors to be "at large," or more correctly speaking, to be "unprovided with asylum accommodation." In 1831 the number of lunatics in Ireland was reported to be 15,098. The decrease of 1,605 has taken place in the numbers of insane persons resident in poor houses and at large. It appears, however, that the returns of the number of the insane at large were obtained on the two occasions from different sources. In 1851 the information was procured through the agency of relieving officers, in the present year it was obtained by means of the police force. "In poor houses" the decrease is certain, the relative numbers being in 1851, 2393, and in 1855, 2000."

The Inspectors, with much reason, congratulate the government upon the marked diminution of lunatics in jails, which has been going on for several years, and which before the close of the present year, the Inspectors hope to carry still further. The numbers of insane persons in jails in Ireland formerly exceeded 500, at the present time there are only 156 in this kind of detention. The Inspectors have always entertained strong objections to the residence of insane persons in jails "where they must necessarily interfere with the discipline and order which it is desirable to have observed among prisoners, and occupy too much time and attention of the resident officers." They "have endeavoured to do away with the very objectionable practice of committing lunatics to jail, under the 1st Vic. c. 27, and subsequent acts specially passed for the safety of insane persons, when outrageous and dangerous to themselves or to the public, but which are frequently taken advantage of by the friends of parties, as affording an easy and inexpensive mode of having them transmitted to an asylum, without either the trouble of a formal application to the governors, or of conveying them directly to the institution." It appears that by the act above cited, which received the royal assent on the 11th of June, 1838, two justices of the peace may commit to jail any person discovered and apprehended under circumstances denoting derangement of mind, and a *purpose* of committing an indictable offence; the Lord Lieutenant having the power to order the removal of patients thus committed to the district asylum. To the English reader this statute certainly appears a strange piece of legislative wisdom, since the power of attributing to an insane patient the purpose of committing an indictable offence, indicates a degree of mental introspection, in which imagination must take a greater part than common sense. It must not, however, be forgotten, that even in this country no inconsiderable number have been, and still continue to be, committed to prison for trivial offences; for larcenies, petty assaults, and the inability to find bail. While these persons are in prison, the parishes to which they are chargeable are relieved from the burden of their support, and nothing but the integrity and general fairness of dealing displayed by the magistracy, prevents this power of committing insane persons to prison from growing into a real abuse. Almost any insane person could, by a little management, be made actually to commit an indictable offence, and if the justices of the peace of this country were ready to avail themselves of their power of committal to the same extent that we learn from the Inspectors

that they have done in Ireland, the class of what is called criminal lunatics would be rapidly increased.

Two-thirds of the lunatics in poor houses are reported to be of the female sex, they are mostly harmless, decrepid, and chronic cases, in whom, however, the malady occasionally assumes an acute character. Even with regard to these demented and idiotic cases, the Inspectors express their opinion, that "nothing can tend more to the advantage of the general community than to afford an opportunity for the immediate admission of every insane person into an asylum on the first manifestation of the disease." The Inspectors take so rational a view of the very important question respecting the accommodation of the insane at present confined in workhouses, that we must quote their opinions somewhat fully. "Taking a broad view of the question, it is obvious, for many reasons, that the most suitable place for every demented person, lunatic or idiot, harmless or otherwise, is an institution specially devoted to the care of the insane, under the superintendence and management of experienced officers and attendants, who are practically acquainted with the treatment of mental disease in every form, and directed and controlled by that department of the public service, to which the supervision of all matters relating to such establishments properly belongs; and we regard the question as deserving the consideration of the executive, namely, whether the time may not have arrived for making provision for the complete separation of the insane poor of every class, from the sane portion of the community; and which, whilst effecting a moral duty towards the latter, would insure for the insane poor, idiotic, or imbecile, more care and comfort than they can possibly have in ordinary workhouses, where they cannot at all times be secured against annoyance from the ignorant or thoughtless paupers by whom they are surrounded. We feel that objections to a change may be advanced on financial grounds, and that it may be argued, considering the extremely low position which, particularly the idiotic, inmates of poorhouses occupy in the human family, both socially and mentally, that they are comfortably circumstanced and sufficiently well cared for at present."

"It is evident, however, that the attention and care necessary for the relief of these distressed classes cannot be efficaciously extended to them whilst they are placed in institutions of a very different nature from asylums; and further, it would be falling into a great mistake to imagine that even the most



miserable objects of mental incapability are beyond the reach of being relieved; for there is no species of disease or affection, from the highest state of maniacal excitement to the very lowest grade of imbecility, that does not admit of cure or alleviation under judicious treatment, such alone as can be obtained in establishments exclusively devoted to the object."

The plan by means of which the inspectors propose to afford asylum accommodation for the insane poor at present confined in workhouses, is in its main features identical with the one we have advocated in the pages of this Journal, as affording the most economical and feasible means of extending asylum accommodation in this country, (see page 197, vol. 1st.) The Inspectors recommend the erection of auxiliary buildings of the least expensive form and character on the grounds of the existing asylums; the present staff of these asylums being made available for the purposes of management. The Inspectors point out that this plan would also afford accommodation for the chronic and incurable cases with which the valuable room in asylum wards is now occupied; and that while avoiding the objectionable title of asylum for incurables, these auxiliary buildings would disembarass the parent houses of their chronic inmates, thus leaving them free to exercise their proper and legitimate functions as hospitals for the cure of insanity. It is quite unnecessary that we should applaud these opinions, as we have ourselves expressed them with the utmost earnestness.

The establishment of asylum colonies distinct from, but in connection with the county lunatic asylums of this country, which we so strongly advocated in the May number of this Journal, are the same in principle with the auxiliary buildings recommended by the Irish Inspectors. We feel much gratified in believing that the expression of our views on this subject has induced the Inspectors to urge upon the Government the adoption of a plan recommended by economy, expediency, facile adaptability to various circumstances, and a wide range of usefulness. In support of their opinions on this subject, the Inspectors refer to the Report of the Select Committee of the House of Lords, on the state of the lunatic poor in Ireland, in 1843, in which the committee include among the "propositions on which they have formed the strongest opinions," "the inexpediency of appropriating the union houses as places either for the custody or the treatment of the insane, for both which purposes they appear wholly unsuited."

The Inspectors conclude their remarks by distinctly and

forcibly enunciating "the principle" that "poor houses are not fit places for the insane, no matter under what denomination the disease itself may be classed."

The Inspectors next proceed to a consideration of the state of the law relating to lunatics, as it at present exists in Ireland; they enumerate, and in an appendix they give, an abridgement of the *fourteen* Acts of Parliament which are in operation at the present time. These Acts have been so frequently amended, and have been so mixed up and intertwined with one another, that the most pressing necessity exists for reducing them into a simple and intelligible form, in the shape of one or two comprehensive statutes.

The Inspectors next give some valuable and interesting information respecting the expenditure in the district asylums which, in consequence of the great advance in the price of provisions, and of almost every article of consumption, has during the past year undergone a considerable increase.

In the year ending March 31st, 1854, the average cost of each patient in the district asylums of Ireland was, £17 9s 4d per head per annum; in the year ending March 31st, 1855, the average cost was, £19 15s 10d per head. This latter sum divides itself thus, for salaries and wages, £4 15s 4d; food, £7 13s  $\frac{1}{2}$ d; clothing, £1 2s  $\frac{7}{8}$ d; other expenses for fuel, washing, bedding, furniture, £6 4s 8 $\frac{1}{2}$ d.

The difference of expenditure under these heads in the several asylums is great: the lowest rate for salaries is, £3 0s 8d; the highest rate is, £6 16s 4d: for food the lowest rate is, £5 18s; the highest rate is, £10 17s 1d: for clothing the lowest rate is, 13s 6d; the highest rate is, £1 10s 10d: for other expenses the lowest rate is, £4 5s 6d; the highest rate is £8 4s 4d: of the total average cost the lowest rate is, £16 8s 0d at Cork; the highest is, £23 11s 6d at Omagh. As a general rule, the asylums containing most inmates exhibit the lowest averages: the Richmond asylum however, the largest in Ireland, forms an exception. The length of time that asylums have been established, also appears to diminish the rate of expenditure, since the expenses incidental to the opening of an asylum undoubtedly increase this rate. The inmates of the the several district asylums, amounted in March of the present year, to 3,299, of whom 1,447 were males, and 1,423 were females. During the two years comprised in the Report, 2,311 patients were admitted into these asylums; 879 were discharged cured, and 529 have died. The Inspectors do not give the average numbers resident in the asylums, and therefore the rate of mortality, as it is

generally calculated in this country, cannot be accurately estimated. But supposing the increase of 429, which took place in the number of the inmates during the two years comprised in the Report, to have occurred in an equable progression, the average number resident will have been 3,084, and the annual rate of mortality calculated upon this number will be 8·5 per cent. This rate must be acknowledged to be highly favorable, since it includes many new asylums, in which the mortality is generally high. Dr. Parsey computes the mortality in English asylums, which have not been recently opened, at 11·27 per cent; and the mean mortality of eleven asylums opened between January 7, 1850, and January 7, 1852, at no less than 15·1 per cent on the average number annually resident, (see page 149, vol. 1, of this Journal.)

The number of patients discharged cured from the Irish asylums does not present quite so favorable a comparison with the English institutions, the cures bearing the proportion of 38 per cent of patients admitted, while in the English asylums according to Dr. Parsey's calculations, the average proportion of cures is 42·9 per cent to the total number of admissions. The Inspectors would have made their valuable statistical information more readily intelligible if they had in this respect dealt with each year distinctly.

On the question of religious observances, the Inspectors remark, that "The benefits which the insane have derived from them in the various asylums to which chaplains are attached, have been during the two past years very perceptible. A large majority of the patients continue to attend the chapels of the asylums on each Sunday, and by their calm and collected demeanour during divine service, evince a sense of the purpose for which they are assembled; and it is not alone on the Sundays but during the week many of them look forward to the visits of the chaplains with the greatest anxiety."

"On the subject of religious instruction in the treatment of mental disease, our continued experience bears us out in the opinion that a very large proportion of the inmates of an hospital for the insane, are capable of deriving advantages from that form of religious *observance* in which they have been brought up; and that hence it becomes an obvious duty to provide the necessary means of *public worship* in every lunatic asylum. No doubt, in his general ministrations, and still more in his private communications, the chaplain of an asylum should not lose sight of the characters of his hearers, nor of the great judgment and delicacy called for in their regard."



With these opinions we fully concur, but the real difficulty of the asylum chaplaincy question in Ireland arises, not from any doubt as to the propriety and advantage of affording to the insane the means of public worship, but from the fear of introducing into these institutions the elements of religious discord dependent upon the rival faiths which have been so fruitful a source of misery to the country at large. It may be, that the Catholic and the Protestant Priest will, in such an abode of suffering humanity as the hospital for the insane, consent to waive their differences, to suspend their antagonism, and to behave towards each other as they never yet have behaved at any time, or in any place. It may be that on ground so sacred they will act towards each other in perfect charity, or at least in strict neutrality. But the religious history of Ireland is not very encouraging to this hope; and we learn that in the lunatic asylums of Germany, at the present time the feuds between the Catholic and the Protestant clergymen and congregations are so acrimonious and profound, that the only apparent solution of the difficulty is the separation of the communicants belonging to the two creeds into entirely distinct asylums.

The quantity of land attached to the district asylums is 413 acres, being on the average, 29 acres, 2 roods and 7 perches for each. It appears to be well cultivated, and during the past year yielded a profit of £2,150, an amount which the Inspectors believe will be greatly increased when the land belonging to the new asylums is brought into working order.

They object, with much justice, to the land attached to new asylums being left by the contractors for the building in a rough excavated condition, making it needful for the patients to do much heavy levelling work, before cropping can be commenced.

An investigation is mentioned relative to the death of a patient, in the Ballinasloe asylum, alleged to have been caused by the cruelty of an attendant, in which, after a coroner's inquest had conveniently exculpated all the parties concerned, a special Board was summoned to enquire into the circumstances. The Governors found, that "although it could not be proved that the attendant had caused the patient's death by ill treatment, they felt satisfied that unnecessary violence had been exercised in restraining him. It appeared that mechanical restraint was used without the knowledge of the manager or of the visiting physician. The attendant was dismissed, and "as regards the *manager*, Mr. John Mc. Kiernan, the conclusion arrived at was, that he had not been sufficiently

strict in his supervision of the attendants, for which negligence he received a strong official reprimand."

At the Londonderry asylum also, an investigation is reported to have taken place on the discovery that a serious defalcation had occurred in the provisions supplied to the asylum. It appeared "that a system of collusion had been carried on for some time between the contractor and the storekeeper, and credit given for more meat than was actually received. The clerk was summarily dismissed; but unfortunately, as the Governors had not sufficiently direct evidence to prosecute to conviction, they were obliged to forego legal proceedings. With regard to the *manager*, though exculpated of all knowledge or suspicion of the proceedings, the Board expressed their great dissatisfaction at his neglect of proper superintendence; and were it not for his length of services and respectability, they would have recommended his immediate removal."

It is somewhat remarkable that both these unpleasant investigations took place in asylums in which there is no resident medical officer, both of the asylums being under the control of non-medical *managers*.

The affair at the Londonderry asylum illustrates a fact, well known to all who have much experience in the management of similar institutions, namely, that the position of a steward or storekeeper is one of great responsibility, and exposed to much temptation. The system upon which these institutions are generally supplied by contract, given to the lowest tender, is one which tends to throw their custom into the hands of a class of tradesmen who are often more speculative than respectable. And although large defalcations in the quantity of goods supplied may not be difficult of detection, nothing is more easy than for the steward to receive and to pass stores of defective quality, if the tradesman can make it his interest to do so. This can be done, we fear in a variety of ways; as an example we may mention a fact, which has come to our own knowledge. The superintendent of a county asylum was compelled by circumstances to act for a short time as steward; in this capacity he transmitted the amount of the quarterly bills under the steward's name; the receipts which were returned, contained in some instances a considerable sum under the title of discount. It need scarcely be stated, that any previously received discounts had not appeared in the account books. An intelligent and experienced man being asked what the stewardship was worth in the wealthy hospital to which he was

governor, replied, "to an honest man it is now worth £300 a year, to any other man it is worth what his conscience will permit him to take."

The duties of a steward may be divided into two parts, the financial and the commissariat. The first of these it is the duty of the finance committee of the visitors to superintend and to check. They may be neglected, but with the most ordinary care on the part of the visitors, it is not probable that in this department any defalcation or malversation can occur. With the duties of the commissariat department it is widely different. It is not probable that these can be efficiently controlled by a body of visiting gentlemen, many of whom are very likely pilfered and plundered by their own servants and tradespeople, to an extent which would be disastrous in a large public institution. The supervision of this department can only be thoroughly effected by the Superintendent.\*

We readily and gladly acknowledge that the stewards of asylums are as a body, a most trustworthy and honorable class of officers; but we also know that they have not unfrequently been appointed through private interest, and not on account of ability for their duties, and of personal character. Too often also they have been, and in some instances they are still, most inadequately remunerated for their very responsible duties. We observe that the wages (we cannot call it a salary,) of the steward or storekeeper at Londonderry was £30 a year, and we must be permitted to express our opinion that some share at least of the blame of the transaction which robbed

\* It is much to be regretted that the salaries of officers vary so greatly in different asylums; this difference not being accounted for by the size of the asylum, or by the standing and character of the officers, can only be explained by peculiar views entertained by the Visiting Justices. The most remarkable instance of this is the parsimonious and unjust salary given by the Visiting Justices of the Middlesex asylums to their several Medical Superintendents. The high professional position and the well known efficiency and zeal of these officers, considered together with the size and importance of the asylums at Hanwell and Colney Hatch, would point out the obvious justice of making their emoluments at least equal to those obtained in the principal county asylums in the provinces. The Middlesex Visitors, perhaps, think that they can retrieve their own lavish expenditure in building, by attenuating their medical salaries to about one-half of what is given in other county asylums. But two wrong acts rarely neutralize each other, and in the present instance, the extravagance of architectural outlay appears more glaring by contrast with an act of parsimonious unfairness. This parsimony drives away excellent officers, and those who remain are necessarily dissatisfied and unsettled. Since the Commissioner's first report in 1844, there have been *five* medical superintendents on the female side at Hanwell; namely, Drs. Davy, Nesbitt, Hitchman, Sankey, and Mr. Denne. To what extent the patients have suffered by these rapid changes, who can tell!



the unhappy patients of this institution of their food, is due to the authorities who tempted the commissariat officer to dishonesty by so miserable a pittance. A just and even a liberal salary ought to be given, that the temptation of poverty may not be added to that of opportunity, and that the appointment may be of sufficient value to make it worth the while of a prudent man to do his best to retain it. We are sorry to see that in the English county asylums the salaries of the stewards range from £35 per annum, without a house, to £330 a year, with a furnished residence and valuable perquisites. A range so great, that the extremes must be admitted to indicate both parsimony and extravagance.

The Inspectors pass briefly under review, the history of the different district asylums; their remarks on this subject have little in them which will be interesting to our readers. The two new asylums at Cork and Killarney have unfortunately been affected with damp and dry rot; the plans, however, which have been adopted to remedy these defects are reported to have been successful. The Inspectors do not report that legal proceedings have been taken, to recover damages against the architects of these asylums, for the loss sustained by their neglect of those simple and ordinary precautions which so certainly prevent dry rot. We entertain a strong opinion that the occurrence of dry rot in a new building, ought generally to be followed by an action for damages against the architect. In some cases which have come under our own knowledge, we believe that in such actions the plaintiffs would certainly have obtained verdicts, and that such verdicts would have had a strong influence in preventing the occurrence of such evil in future. It is most inexcusable that so many costly public buildings should be injured and half spoilt, by the neglect of architects to ensure proper ventilation to the wood work. The Inspectors speak enthusiastically of the Killarney asylum, with its magnificent situation overlooking those glorious lakes; they also highly praise its general management. From a recent visit we can ourselves confirm these praises; a more airy and cleanly asylum we have seldom seen; we were particularly pleased with the general temper of the patients, which was both cheerful and quiet, the first quality indicating the absence of repression, while the second can only be ascribed to a skilful and humane system of treatment.

The Inspectors conclude this portion of their report with the observation, "that it would be most beneficial for these

institutions, if a retiring allowance was secured by Act of Parliament to deserving officers and attendants who, from length of service and zeal in the discharge of their duties, have just claims on public consideration. This allowance is absolutely requisite, for the efficient management of lunatic asylums; as, from motives of charity and an unwillingness to discharge old servants without some after-means of support, they are kept on at a serious inconvenience."

The central asylum at Dundrum for criminal lunatics is made the subject of a distinct portion of the report. This institution is evidently a pet one with the Inspectors, who state that it has been from its opening eminently successful. The following are the statistics of this asylum to March, 1855. The offences charged were thirty-eight of homicide, eleven of infanticide, thirty-two of violent assault, forty-five of burglary, arson, &c. The mental state of the patients is as follows, twenty-eight recovered, eighteen improved, seventy-one insane, nine idiots; eighty-four of the inmates are men and forty-two are women.

The sanatory condition of the lunatics has been remarkably good, three deaths only having occurred during two years, one from general debility, the others from epilepsy. Although twenty-eight patients are reported to be recovered, only one has been liberated during the two years. Seven or eight cases are stated to be "fit subjects for freedom"; three of these have committed homicide, but having been for more than four years "free of every symptom of mental derangement, at the same time that they have been uniformly quiet, industrious and well-conducted," the Inspectors feel themselves justified in recommending them to the Lord Lieutenant for liberation, "the more so as they undertake to emigrate, two having already received money for the passage out to join their families." On this subject the Inspectors remark: "Independent of the exercise of clemency itself—in a moral point of view—the very fact of opening the gates of an asylum, such as the Dundrum, and affording egress to objects deemed worthy of it, produces a beneficial and tranquillizing influence over those who remain behind, and who, if finding no prospective hope of freedom on recovery, but obliged to regard their future doom as the companion of madmen, might from their very numbers, become most dangerous and difficult to control." This, and indeed all the opinions of the Inspectors on the subject of criminal lunacy, appear to us to be dictated not less by humanity than by sagacity. The admissions into the Dundrum asylum are restricted "to cases of

grave character, or to those where, though the offences have not been very serious in themselves, the offenders had evinced particularly dangerous symptoms or inveterate tendencies of a criminal nature." The Inspectors remark that "if all the insane accused of misdemeanours, such of them as cannot procure bail to keep the peace, and those acquitted of petty larcenies, vagrancy and the like, on the plea of mental derangement, were to be confined in the same institution, after a lapse of a few years no inconsiderable portion of the lunatic poor of Ireland would be found therein; and hence an unfair, and, for the ends of justice, a most uncalled for expenditure, would be entailed on Government." They state that an opinion is prevalent among the public, and even among governors of asylums and of gaols, that it is obligatory on the executive to transmit to Dundrum, all criminal lunatics without distinction, and they observe that if this reading of the law can be enforced, it is obvious that either the asylum at Dundrum must be immediately and greatly enlarged, or the statute must be amended.

Among insane homicides the most frequent is that of wife murder; among the inmates of the asylum, no less than eight have committed this offence, besides others who attempted it. This melancholy fact is explained by the mistrust and aversion the insane so constantly feel towards those with whom they have been united by the strongest ties of affection. The wife, also, is exposed by her weakness to the violence of an insane husband, over whom she may attempt to exercise control. No woman has been admitted into the asylum accused of killing her husband; but by far the most common crime among patients of the female sex has been infanticide. With regard to particular criminal tendencies among the insane, the Inspectors declare that their experience at Dundrum "would almost ignore propensities of a homicidal character;" some homicidal attempts are explained by suicidal inclinations, and some by delusions; for instance, one patient labours under the idea that if he can succeed in killing some person, he will thereby obtain his freedom from the asylum and secure heaven hereafter; although this man therefore must be pronounced as homicidal and highly dangerous, the case is not one of purely homicidal tendency. In only two other cases, have the Inspectors remarked the existence of this propensity.

The remarks of the Inspectors on the permanence of cure among criminal lunatics are not very encouraging. "We have several cases where the parties seemed to have recovered



their reason perfectly, and relapsed. One man (a homicide) who was steady and rational for nearly three years, became, without apparent cause, suddenly and boisterously insane; and now again, at an interval of four months, is tranquil and quite collected. Another, who came in highly excited, continued so, with little variation, for two years, when he rapidly got well to all appearance, remained so about eighteen months, and is now again as bad as ever. Some continue well for months, and then relapse; and all while under the favourable circumstances which comfort, regularity, and a healthy residence can produce. A peculiarity has hitherto marked these recurrent attacks—with one exception, they have been confined to the male sex.”

In other cases where perfect recovery to superficial observation appears to have taken place, a dangerous delusion may secretly remain. For instance, the sea captain who killed seven of his crew near Cork harbour, under the idea that they had mutinied with intent to murder him, is reported to have shewn within the last four years no symptom whatever of mental disease; it has, however, been ascertained that his delusion is as fixed as ever, and might, under similar circumstances, be attended by a like catastrophe. Two attempts only at life have occurred in the Asylum; in one a lunatic inflicted a deep wound in the neck with a razor, the other case is so remarkable that we give it in full:—“A convict from Spike Island, at the time deemed quite harmless (but who has since evinced a cold malignant disposition), stealthily getting behind one of his companions, whose verses and sarcasms give occasional annoyance, struck him on the head with a piece of iron he had secreted for the purpose, causing a large compound fracture, through which a considerable quantity of brain was discharged. Dr. Harrison, the Visiting Physician, was in immediate attendance, and removed several pieces of depressed bone; after remaining comatose for four days, the man recovered rapidly, without an unfavourable symptom, and without the slightest change or remission of his insanity. By a strange coincidence this patient was noted for his memory, and the accuracy with which he repeated a long string of words the most incongruous. The wound, with a considerable loss of brain, was, (phrenologically speaking) exactly in the region of the organ of *memory*; his recollection, however, continues quite unimpaired.” The inspectors speak highly of the management of the asylum by Dr. Corbet; they state that the constant employment of the patients “at trades and on the farm materially tends to their quietude. Being thus usefully

occupied, and having also various opportunities of recreation, the tedium of confinement is diminished to the convalescents, who fully understand that after recovery, their chance of liberty depends, in a great measure, on their own behaviour." The expenses are higher than in the district asylums, from the staff being required to be more numerous, and the rate of wages paid to attendants to be somewhat higher than elsewhere, in consequence of the more responsible nature of their duties; the cost of each patient amounted last year to £26 15s. 3d. It would appear that in this institution the duties usually discharged by Visiting Justices fall to the lot of the Inspectors themselves.

The Inspectors enumerate their duties in relation to private asylums as obliging them "to examine minutely into the system of management, classification, and mode of treatment adopted in these establishments; and to impress upon the various proprietors the obligations imposed upon them, to provide for the comforts and conveniences of those confided to their charge, in a manner commensurate with the payment they receive for each patient, not only by affording them a good and sufficient dietary, served with propriety and attention to social observances, comfortable apartments, and domestic accommodations becoming their position in life, but also in regard to occupations, amusements, and the proper employment of time—all objects of paramount importance, the due attention to which is of no less moment for certain classes of the insane, than for persons in the full possession of their mental faculties."

They report an increase of 36 since their last Report of patients confined in private asylums, a fact which corroborates their opinion "that insanity is not on the decline in this country, proportionate with the general population;" the present number of patients at present in private asylums appears to us remarkably small, being only 459 in the whole country. The Inspectors refer no inconsiderable amount of these cases to "continued intermarriages and direct hereditary predisposition;" when this predisposition exists, the most prevalent exciting causes are intemperance and dissipation; when drunkenness however is associated with insanity, it is no easy matter to decide whether it is a cause or a result. The report contains some interesting statistics on the age and social condition of private patients. With reference to professions, it is singular that while the number of insane persons belonging to the army and navy during the last ten years has been stationary, the number belonging to

the church has increased from 6 to 19. The number belonging to the law has increased from 9 to 18; the present numbers giving an average of one insane person in every 220 of these two professions, that of the general population being estimated at 1 in 750. The number of insane medical men during the same period has increased from 4 to 6.

A singular case of suicide is recorded, in which a lady hung herself in the strings or cords of her strait-waistcoat. "From the evidence given on the inquest, held by the coroner for the county, it appeared that injunctions had been given to the servant in whose charge the lunatic was placed, not to leave her for a moment until she was relieved by some other nurse or attendant. Four days after admission, she having, as she stated in her evidence, other duties to perform, left the lunatic alone, trusting to a strait waistcoat which she put on (without the knowledge of the superintendent) for security. Returning shortly after, she found Miss J—— suspended from the rail of her bed, by the cord or lace of the strait waistcoat, of which she had, by some means not accounted for, managed to divest herself. Life at the time was quite extinct. A minute inquiry took place at the inquest, in presence of the brothers of the deceased lady, who felt satisfied that no blame lay with the proprietor; as, had the attendant strictly adhered to the instructions which she admitted had been issued, the unfortunate occurrence could not have taken place." The opinion of the Inspectors respecting the freedom from blame of the proprietor would certainly have been more satisfactory than that of the brothers of the deceased lady. As far as we are capable of forming an opinion, we should very decidedly say, that no person who has charge of an asylum can be free from the blame at least of negligence, if it be possible for his patients to be restrained in strait waistcoats without his knowledge.

The concluding paragraphs of this report enunciate so important an opinion that we must quote them.

"We shall not unnecessarily trouble your Excellency by references to individual cases, which have been officially brought under our observation, and on which we have duly reported; or to lunatics confined singly in unlicensed houses, many instances of which we have become acquainted with during the past year, and in whose regard we have either personally or by letter communicated with their family or friends, for the purpose of bettering their condition, either by a change of residence, or by additional means of support."

"The returns of single lunatics under the Act 5 & 6 Vic.,



c. 123, sec. 36, are by no means regular. The law is easily evaded, so much so that unless the party in charge of the individual sends a voluntary intimation to the Inspector's office, we may say we can have none but accidental information on the subject. Patients, for example, are removed from asylums uncured, and we have not the means of tracing their subsequent abode, or even an authority to make enquiries thereon. Lunatics under the Lord Chancellor's protection are, no doubt, safe; but as to the others, it is impossible for us to say what treatment they ultimately receive. *We are strongly inclined to think that all insane persons, whether placed on pension or otherwise, should be inspected from time to time, and individual Reports made to the Lord Chancellor in each case.*"

This opinion agrees with the resolution adopted on this subject at the last meeting of the association, (see page 124.) In any enactment framed to obviate the evils here complained of, great caution will be required to avoid the offensive invasion of domestic privacy; and, perhaps, in many instances the responsibility of inspection and report will have to be thrown upon the family medical man. But there can be no doubt that the present anomalous condition of the law, by which inspection is lavished upon those who least require it, and altogether denied to large numbers of insane persons who are peculiarly exposed to neglect and illtreatment, must eventually undergo revision.

We must now conclude our long notice of this able and instructive report; we had intended to have made some remarks upon the comprehensive view which the Inspectors of lunatic asylums in Ireland take of their duties, and the very zealous manner in which they discharge them. We desired especially to notice the able personal assistance which they render to the Boards of Governors of the district asylums, to the pleasing and significant fact, that they ignore no class of insane persons as being beyond their cognizance, and to their active and intelligent exertions in promoting proper care and treatment for the criminal insane. We do not, however, think it necessary to dwell upon these matters at the present time, especially as in some respects the opinions and the practice of the Irish Inspectors differ from those of the English Commissioners in Lunacy.

The statistical information contained in the appendices is very full and complete, and this Blue Book is altogether a most valuable and creditable document.

J. C. B.

*Introductory Lecture to a Course of Lectures on the Pathology and Treatment of Insanity, delivered at St. Luke's Hospital, in the months of May and June, 1855;*

By A. J. SUTHERLAND, F. R. S., M. D., OXON.

(Continued from page 25.)

The power of concentrating the attention upon any given subject is impaired in all the species of insanity. In mania the exuberance of thought prevents the patient from fixing his attention; He is distracted by a thousand ideas suggested to him by observation from without and by reflection from within. In monomania, on the contrary, there is one idea, or one class of ideas, upon which the patient constantly reflects. He lives in a world of his own, he sits brooding over his own joys, his own sorrows; whilst in dementia and idiotcy the enfeebled faculties are with difficulty roused to attention. These considerations suggest a very different moral treatment in each species, which I shall hereafter bring under your notice.

The next element of the mind which we have to consider is that of association, which, as Dr. Brown says, "extends to ideas not only of an intellectual nature, but also to those of the moral feelings, and ideas of every species of thought." Stimulated into excessive activity in mania, concentrated upon one subject in monomania, it is easy to conceive how many strange resemblances may be created in the mind of the insane. A patient who before his illness happens to have cultivated the faculty of discovering resemblances, is generally perplexed by a greater number of faulty associations: thus the wit and the poet find in association a prolific source of delusion. A gentleman, who before an attack of insanity had much indulged in the habit of punning, told me when he recovered, that this had been a source of the greatest annoyance to him during his illness, that any two words having a resemblance in sound or in sense, which happened to suggest themselves to his mind, became the nucleus of successive delusions. Locke was the first to attribute the delusive reasonings of the insane to wrong associations of ideas: he says, "they do not appear to have lost the faculty of reasoning, but having joined together some ideas very wrongly, they mistake them for truths; and they err as men do, that argue right from wrong principles." Again he says, "there are degrees of

madness as of folly, the disorderly jumbling of ideas together is in some more, some less." When ideas are so "jumbled together" in unconnected discourse, we term it incoherence; and when, as Mr. Locke says, the patient is otherwise "very sober and of right understanding in all other things, but in one particular as frantic as any in Bedlam," we term it monomania. We owe much to Locke for the light which he has thrown upon these subjects. Lord Brougham's celebrated definition of delusion appears to be founded upon Locke's definition of knowledge. Lord Brougham, in the case of *Waring v. Waring*, defines delusion to be "the belief of things as realities which exist only in the imagination of the patient"; Locke defines knowledge to be "a perception of the agreement and disagreement of ideas"; and "the reality of knowledge," he says, "consists in the conformity between our ideas and the reality of things."

I shall have to refer to Lord Brougham's able argument on the doctrine of monomania, when we come to the subject of the medical jurisprudence of insanity; but now appears to be the time to warn you against supposing that, because the monomaniac is able to converse fluently and ably upon any subject unconnected with his delusion, that he therefore is of sound mind, except on the subject of his delusion. A combination of reason and delusion cannot exist: it is impossible for the mind to be sound and unsound at the same moment. Acts may be done by the monomaniac which are not in themselves evidence of insanity, but are apparently rational, whilst other acts done by the same person afford proof that such person is of unsound mind; the difference in effect being, that the apparently rational acts do not establish sanity, but the insane acts do establish insanity to be positively existing, although not at all times openly evinced. The method by which we test the absence or presence of delusion in the monomaniac, is by bringing the subject respecting which the delusion exists directly under his notice. Strike the key-note, and the whole chord vibrates. If we should find that the patient admits that he labored under the delusion, and that he has abandoned it, provided, as Lord Brougham justly remarks, "the admission be not only freely and voluntarily made, but made without any design at the time of pretending sanity, and freedom from delusion, according to the known or suspected view of the inquirer, and acting a part accordingly," we may then consider that the patient has an intermission of his disease, in legal words, "a lucid



interval." If no return of the delusion should occur after a lapse of time beyond that of former intermissions, we should then consider that the patient had entirely recovered. A lucid interval would not be established by the mere fact of a patient acting apparently with rationality and propriety upon general points of conduct; but it would if upon the subject of his delusions he still continued to act and to converse with the same propriety and rationality.

Different names have been invented to express the different forms of monomania; not only the species of the genus, but the individuals of the species, have been dignified with names bearing the appropriate appellation of the passion from which the disease originates, reminding us of the multiplicity of words which were coined in England during the Rebellion, and in France during the Revolution.

But to return to the subject of delusion. Both the observing faculties and the reflecting faculties give rise to delusion; this symptom is always laid great stress upon, and indeed is sometimes considered as the test of insanity by legal writers, as in Shelford's *Law of Lunacy*.

Lord Brougham's definition of delusion is manifestly too wide. The Judges who gave their opinion in Mc Naughton's case have been sneered at for using the term insane delusion, but it is quite clear that they wished to make a distinction between delusion in its popular and in its scientific sense, since in its popular signification it is synonymous with mistake, in its scientific meaning it is not delusion unless it be accompanied with insanity.

The delusions of the mind are interesting in many points of view, but they are instructive to the medical man only as symptoms of the disease of the brain; they are not elicited from the patient as a matter of curiosity, but as a guide to the diagnosis and treatment of the disorder. It frequently happens that the delusions shew us whether the disease is idiopathic or symptomatic, functional or organic, and if symptomatic they often point to the particular organ complicated with, or the particular habit which has been the cause of the disease.

Delusions are sometimes the result of past events, and are modified by the disposition and temperament of the patient; or they are produced accidentally by what occurs in his presence; or imagination mixes the past and present in its wonderful crucible, and produces the most extraordinary combinations.

The insane are fully persuaded of the reality of all their

imaginary sufferings, it does not often happen that the recollection of delusions is pleasurable, few can say with the nobleman of Argos upon recovering from their insanity:

“Pol, me occidistis, amici,  
 “Non servâstis” ait “cui sic extorta voluptas,  
 “Et demtus per vim mentis gratissimus error.”

Hor. Ep. II. 2, 138.

From what has been said above, we see that perception, memory, judgment, attention, and association, that in short all the faculties, or speaking more correctly, all the states of mind are liable to become disordered in insanity: that one patient has lost the power of comparing and distinguishing ideas, another is deluded by false perceptions and associations, whilst a third with his faculties deadened to all that passes around him is unable to retain any idea in the memory.

Before leaving this part of my subject, let me observe that, although we speak of the mind as being made up of perception, association, memory, we do not mean that it is divisible, like the body into separate and distinct parts, but owing to the poverty of language, and to our ignorance of the nature of mind we thus speak; for we are compelled to use expressions which have a relation to material substances in order to make ourselves understood; thus we speak of the mind being “unhinged.”

The theory of the duality of the mind is the old heresy of the Manichees revived in modern times, but long ago refuted by Augustine, who thus speaks of it, “Let them perish as vain talkers, and seducers of the soul who, observing that in deliberating, there are two wills, affirm that there are two minds in us of two kinds, one good, the other evil.”—(*Augustine Confessions.*)

As Lord Brougham in the doctrine of monomania, in the case of *Waring v. Waring*, places this subject before us in a clear point of view, I shall quote the passage at length, “We must always,” he says, “keep in view that which the inaccuracy of ordinary language inclines us to forget, that the mind is one and indivisible; that when we speak of its different powers or faculties, as memory, imagination, consciousness, we speak metaphorically, likening the mind to the body, as if it had members or compartments; whereas, in all accuracy of speech, we mean to speak of the mind acting variously, *i. e.*, remembering, fancying, reflecting, the same mind in all these operations being the agent. We therefore cannot in any correctness of language speak of

general, or partial insanity ; but we may most accurately speak of the mind exerting itself in consciousness, without cloud, or imperfection, but being morbid when it fancies ; and so its owner may have a diseased imagination, or the imagination may not be diseased, and yet the memory may be impaired, and its owner be said to have lost his memory. In these cases, we do not mean that the mind has one faculty, as consciousness, sound ; while another, as memory or imagination, is diseased ; but that the mind is sound when reflecting on its own operations, and diseased when exercising the combination termed “imaginary,” or casting the retrospect called “recollecting.”

The next class of symptoms we have to consider are those of emotion. The natural affections are generally perverted in insanity ; the desire to rejoin their relations is one of the symptoms of approaching recovery, whilst the feeling of aversion to friends, formerly loved, is one of the earliest symptoms of diseased mind. I have before shewn you the value of delusion as a symptom of insanity, and we have now to consider the feeling whence it springs, the character on which it is engrafted. The delusions of madmen have varied according to the predominant idea, which has occupied public attention at different periods, and in different countries, influenced by religion, by political events, by the habits and manners of the people ; not so the moral feelings, man is subject to the same passions, influenced by the same motives, guided by the same affections now that he ever was ; love, ambition, covetousness, have in all ages stamped their appropriate delusions upon youth, manhood, and old age. A very remarkable change generally takes place in the affections during the incubation and outbreak of insanity : the insane become suspicious of the motives of their best friends, they mistake their acts of kindness for dark conspiracies cloked by hypocrisy ; the good tempered become irritable and easily excited, the composed restless ; those who have had complete mastery over their feelings, suddenly lose all self-control ; all modesty is forgotten, the nymphomaniac yields herself up to the most disgusting indecencies ; the miser becomes a spendthrift, he is not content with buying a few expensive articles, but he wishes to purchase the whole shop ; the most distressing fears frequently possess their minds ; and one of the first objects of the medical man should be to endeavour to dispel them by kind treatment. We cannot be surprised at this effect accompanying the nervous exhaustion of insanity, when we find the same feeling in the breasts of



the bravest soldiers after the fatigues of a battle. Colonel Mitchell says, "the long and fearful excitement of battle, once relaxed, leaves the toil-worn frame nerveless and exhausted, and the mind itself destitute of energy sufficient for the renewal of vigorous exertion. A bold onset made by a few resolute men on troops who have maintained, even successfully, a hard day's combat, is almost sure to turn the scale in favor of the new assailants."—*Life of Wallenstein*.

Another striking feature in the character of the insane is indolence. This often proceeds from the diseased faculty of attention: the maniac cannot work because of the multiplicity of new ideas which every moment distract his mind; the monomaniac is too much engrossed with the contemplation of one subject to be able to pursue external objects, either of pleasure or of profit. Thrasyllus imagined that all the ships which entered the Piræus were his: with such wealth what need was there for him to work. Hence arises another characteristic of insanity, viz., improvidence; all their wants must be supplied, or they would suffer under the severest privations. As far as regards the present they are for the most part selfish; but not so as to providing for the future; if they hoard up anything it is generally useless trash, *e.g.*, bits of bone, of rag, and rubbish. One of the things that led me to the conclusion that Sinzinich was not insane, was his having concealed a spoon for his meals, as he told me that such things were often stolen in the prison. This lad was tried at the Central Criminal Court, for shooting at a verger in St. Paul's Cathedral, and the plea of insanity was so flimsy that it was not brought forward. An apparent exception to what I have said as to the improvidence of the insane is, the fact that some know perfectly well the amount of their property, pay their bills, and keep their accounts: no accounts could have been better kept than those of Mr. Davenport; Mr. Gundry knew to a fraction the amount of his income; and yet both would have been ruined if they had been allowed to squander their money upon the gratification of their own insane whims, and they were very properly considered by the jury to be of unsound mind, and incapable of managing themselves and their affairs.

It has been often remarked that the insane do not combine, and this is generally the case, but I have known instances where they have done so in order to effect their escape; but they do not commonly associate with one another, they keep aloof, and appear to be distrustful of

taking other patients into their confidence; they are quite conscious that their companions are insane, but they do not admit that they are so themselves; they seldom court society, but they are readily induced to take interest in the various amusements which others provide for them, and when the melancholic patient sees others dancing and enjoying themselves at the balls given in the hospital, he is wont to enter into the amusement himself, and for the time at least to lay aside his despondency.

The effect of imitation upon the insane mind deserves a more attentive consideration than has hitherto been bestowed upon it. I have seen a patient placed with another who was silent and sullen and unconscious of the calls of nature gradually lose all liveliness, and had not immediate steps been taken to avoid the bad effects produced, I have little doubt but that she would have sunk into the same lost condition. This subject is well studied in the asylum for idiots, and much good is thereby effected in improving the condition, and educating the intellect of the idiot. It is a matter of great importance in the classification of the insane, and it should, I think, be taken into account in the admission of certain patients into the curable wards.

There was, and I believe, still is, at Bethlem Hospital, a rule for the discharge of patients who are "mopes," and this rule is applicable also to cases of chorea, epilepsy, and hysteria, as imitation is always powerful in those subject to nervous disorders. To this may be attributed the dancing mania, as it is termed, which spread like a plague throughout Germany, and the tarantism of Italy, described in so interesting a manner in Hecker's *Epidemics of the Middle Ages*, the first fruits of the Sydenham Society. To the same impulse may be ascribed the spreading of the mania of the *Prætides* among the women of Argos, whom Melampus cured with helebore, hence its name *Melampodium*; and the convulsions of the children at Haerlem, which Boerhave checked by the threat of the actual cautery. The force of imitation was turned to good account at the time of the invasion of Switzerland by the French in 1798, when the brave mountaineers of the Valais rose to repel the attack. The cretins, during the obstinate conflict at the bridge of La Morge, in front of Sion, seemed to have recovered their intellect in the excitement of the affray, and behaved with the most devoted courage.

It must not be supposed that in every case of insanity

there is a perversion of the affections, for sometimes patients display as great attachment to their relations as before their illness ; indeed, sometimes this affection is exaggerated, and the patient will accuse himself of not having shewn enough affection for his family. When there is an exaggeration of the natural character it is usually a bad symptom, as the progress of the disease is generally gradual, and the early symptoms pass unnoticed, and daily experience teaches us that the longer a patient remains without treatment the less likelihood is there of ultimate recovery.

It not unfrequently happens, that the sullenness and eccentricity observed, and acutely felt by relations, years perhaps before, are attributed to disease when the patient is pronounced insane.

Without dwelling more particularly upon the change of character which takes place in insanity, I may mention that other frequent characteristics of the disease are indecision, inconsistency, a total disregard to truth, obstinacy, and sullenness.

This would be the proper place for enquiring into the effect of insanity upon the conscience, but this question is so intimately connected with the legal part of my subject, that I shall defer its consideration till we arrive at the question of crimes committed by the insane.

In conclusion, I must observe, that in order to make the above observations upon the character of the insane of any practical value in your diagnosis, it will be requisite for you not only to compare the state of the moral feelings of the patient you are examining with those of other patients, but with his own previous feelings and character. Many men are indolent, prodigal, and inconsistent, but the question you have to determine is, has the patient under examination suddenly become so? Has he, for instance, all at once thrown up his business which he was carrying on with profit? Has he suddenly left his home and wandered about without object or motive? If you find that he has, you will allow it to have its weight, and by comparing this symptom with the state of the intellect, and of the physical symptoms, you will be led to a satisfactory conclusion as to your patient's state of mind.



*On the Claims of Systematic Warming and Ventilation*, by  
JAMES E. HUXLEY, M.D., &c., Medical Superintendent of  
the Kent Lunatic Asylum.

A disposition appears to be gaining ground in the minds of medical, who are also to a great extent scientific men, to lose confidence in systems of warming and ventilating public buildings; and it has even found active expression in causing, in one or two instances, the working of apparatus already furnished for these objects to be laid aside.

It is not questioned that in these cases the machinery has failed to gratify the just expectations with which it had been viewed; nevertheless, the necessity for that course is highly to be regretted on higher grounds than that of pecuniary sacrifice.

Hospitals for the Insane, perhaps more than institutions of any other class in which numbers are congregated, may be shewn to need the most efficient appliances for general warming and ventilating; both operations being necessary to the general health and comfort, equally as in all other large establishments; and, in addition, warming being a valuable element in the direct treatment of insanity, whilst active ventilation is especially desirable, in respect both of personal habits and of morbid states of the secretions, which are common amongst the insane.

A warming and ventilating machine is doubtless a nice invention: one requiring, first, much ingenuity in its adaptation, then, both care and skill in its management. Further, the science of ventilating may be said to be in the early age of its application. Thus, in seeking to establish such an apparatus, it is necessary to venture on an operation somewhat more than commonly liable to failure. Besides this, people's minds, generally, if not prejudiced against systems of warming and ventilation, are from association predisposed in favour of customary methods exclusively; whilst they have a certain just ground for being incredulous, in their experience of some notorious efforts which have not been attended with success. For these reasons, doubt precedes and accompanies the first trial of an apparatus, and alarm is too readily excited. As nobody really believes in its efficiency, should that prove below the promise, the authorities who have sanctioned the erection think they have erred, and are ready to charge themselves with indiscretion, perhaps without considering sufficiently how far what is defective may admit of

rectification. The subject thus made personal, is found to be too tender for investigation ; it is, therefore, consigned to the pavement of the great storehouse of good intentions not fulfilled.

Yet it is not surprising that Boards charged with the erection of asylums should willingly have given their serious attention to proposals for complete warming and ventilating. Such objects are deservedly attractive, and so obviously desirable that no mind requires enlightenment as to their high importance.

The chief ground of attachment to the mode of warming by the ordinary open fire is, the pleasing object it affords to the eye: the light and the cheerfulness belonging to light, and the sense of companionship a fire affords. The real advantage it possesses lies in its concentration of heating power, whence a *rapid* warming of the body may be got by a close approximation. To a person chilled by prolonged exposure out of doors, no means of warming is so speedy and, therefore, acceptable as an open fire.

In private dwellings there is usually abundant fireside space in proportion to inmates, and, therefore, comfort for all persons within the rooms in which fires are maintained. The case is widely different in establishments of many persons, divided into classes of considerable number, occupying rooms of large area. But, if here, the fires are sufficiently multiplied, the dwellers may be as well supplied with warmth as the inmates of private homes. So liberal a provision, however, would still leave the bedrooms and all parts except the day-rooms to chance and the season ; besides wholly failing to effect the work of ventilation, save in the trifling extent to which that is performed in common houses.

Leaving the question of ventilation for the present, it may be asserted without fear of contradiction, that, in asylums it is not enough to protect the patients in general from cold, only by day. The night is a season of greater cold ; and it is one when the patients must be more removed from the eyes of the attendants, and when, therefore, the former may exercise the disposition to lie naked, to lie or stand on the floor.

The influence of a fire in warming a large room is but limited ; hence the universal practice of sitting *near* the fire. The supply of air demanded to replace the current ascending in the chimney is drawn, cold, through crevices between the parts of window-sashes, through keyholes and the spaces under doors. The warming of an open fire, then, as at pre-

sent conducted, is to some extent a self-defeating operation: the brighter the fire and the quicker the current up the chimney, the larger the supply of air demanded to replace the drain on the room; and, as that air is allowed to enter cold, it diminishes continuously the power of the fire to diffuse warmth over the more distant parts of the room.

The ventilating power of a common fire must also be very limited. It is true the current excited in a chimney by a good fire may possess a great rapidity; it is, however, burdened with smoke and with gases produced by the combustion of the air of the room with the fuel: gases unquestionably more bulky than the air which contributed to their formation. We cannot, therefore, look upon a chimney as a ventilating flue of a value corresponding with its area; and could we do so, such a flue would be most inadequate to the service of causing a due renewal of the air in a large room containing many persons. I am induced, therefore, to esteem the ventilating power of a common fire as a very small instalment of what should be applied in large apartments; but in dwelling-houses where the space to each person is greater, the amount of the removal of air effected by it may suffice for a limited, but only limited period, for the wants of health and comfort. Ample rooms with good fires, shut up closely at night to overcome a low temperature, are well known to become, in a few hours, intolerable. The discomfort thus arising, though it is commonly attributed to the elevated temperature alone, would not be felt in an atmosphere kept pure by a proper renewal.

Common houses may be described to be boxes to contain human beings, divided into compartments, having holes in the walls to admit light at all times, but none to admit air except in mild weather, which may be wanting for a succession of months; through which holes, notwithstanding their apparent closure with wood and glass, air does leak in, upon which the human beings manage to subsist: to the great opprobrium of joiners who, in their proper professional ambition, must aspire to such a perfected skill and complete control over the conditions to which their materials are subjected, as may enable them to exclude the entry of air, by leakage, altogether; thus perfecting their work and at the same time finishing off their customers. At present people carry on respiration, not with air, but with 'draughts'.

Window and door ventilation, *i. e.* accidental ventilation, is an uncertain agent, besides being one that cannot be resorted to on all the days of the year, and through all the



hours of the twenty-four. What is called a 'through current' is held in very high estimation; but, how often is it attainable? If a house face the west, and the wind is blowing from that quarter, remove wholly the front, back, and all intervening parallel walls, and, I believe, the benefit of a 'through current' may be fully obtained; but hardly in any other way so as entirely to change the air. The wind blowing in at an open window, there being no other opening in the room except a chimney, will convey the idea of a most satisfactory ventilation to any person in the apartment feeling the current, but can effect little in renewing the air, for the same reason that in tidal streams, the salt water rising drives back the fresh instead of mixing with it and flowing towards the source. Difference of density between used and pure air, will help to retard admixture, in a manner analogous to the retardation due to the difference of density subsisting between sea and river waters. How difficult it is to purify a room by opening the window! Close the latter and the effluvium will reappear; fainter, indeed, although it had been imperceptible when the air was blowing in. For this reason, the opinion of a visitor to a lunatic asylum, as to its airiness and purity, will be much influenced by the accident of an open, or, closed state of the windows at the time. If they are open it will appear airy and free from odour; if they are closed, either on account of the season, or, of the period of the day, the air will be heavy with the vapours from many skins and lungs even in wards of patients whose habits are cleanly if the persons are many. The best time to obtain a deep conviction of the degree to which ventilation is necessary in asylums would be morning, at the hour for unlocking the patients' bedroom doors, when the unchanged air has become loaded with the various effluvia, ordinary and extraordinary, which have been generated in the many hours of the night.

Since the natural processes by which air is contaminated and rendered unfit to support respiration are *continuous*, no method of ventilation which is merely occasional can be deemed the proper means of supplying one of the first necessities of life. It is not enough, either to admit fresh, or, to abstract foul air, singly; both processes must be conducted simultaneously. The attempt to introduce fresh air before making room for it, is nearly futile; and the design to remove impure air without providing a due supply of fresh air to take its place, is not more calculated to work the desired change. Nevertheless, these two are the ill-adapted means

by which it is thought to ensure the proper airing of houses all over the world.

Not that plans have been wanting, during many years, which propose to accomplish a proper ventilation; but the public mind does not yet appear aroused to the high importance of the subject. Attention to affairs of the national health is still very recent, and with such a mass of sewers as are waiting to be purified, there have not been time and leisure to contemplate such a comparative refinement as general ventilation.

With the exception, therefore, of a very few mansions and some public institutions, the attempt *has not* been made; and in some of the latter where it has been made, disappointment and disuse have, as we have seen, ensued.

A commission charged with the general application of systematic ventilation would have to contend with a few tough, popular fallacies: *e. g.* that any opening, of any size or shape, will do for the passage of air; which is indeed literally true, but absurd in the sense of ventilation. A certain quantity of air moving at a determined speed will no more pass through a too small aperture in a given time than water would; whilst friction must be allowed for in both cases. Yet folks think, because the wind can whistle through a key-hole, that *that* is ventilation. In one of our galleries of popular science, a tank is erected to contain a large body of water in which visitors may witness the working of the diving-bell; and this tank was wisely provided with a means of evacuating suddenly the whole mass of water in so short a time that loss of life by drowning need not ensue, in case of accident to the divers. If, instead of sluice-gates, a small pipe capable of discharging, say a gallon an hour, had been furnished, the divers in distress would be relatively as safe and well-found as the inmates of a room dependent upon keyholes for air. Another favourite idea is that air artificially introduced is not pure. Why not? If it be not pure, the passages through which it is drawn must be not clean, but able to communicate some taint or odour; a circumstance surely of easy correction. A third notion is that warmed air is unwholesome and makes the head feel uncomfortable. This I cannot but deem a pure fancy. Such air is warmed by contact with the clean iron of pipes filled with hot water, and the greatest heat such air can be exposed to is the boiling point, at which it cannot be burned. Why do not people rather complain of the warm air in a room which has been closed as to window and door, in order to raise the

temperature by a good fire? Such air is truly capable of making the head uncomfortable, for it becomes loaded with that very carbonic acid and oxide, thrown off from lungs and skin, which, when obtained from charcoal and only more concentrated, is the favorite poison with which a Frenchman commits self-destruction.

No wonder heads should ache in crowded rooms which have not their air changed! It would be interesting to know how long a person might continue to exist in a room completely sealed against both the entrance and exit of air. How soon would he generate poison enough to represent the charcoal brazier of the French experiment?

If air be warmed and not burnt, it can matter little to health whether its caloric be obtained through the medium of hot water, or by contact with fuel in a state of ignition; only, in the latter case, we enjoy that charming process of radiation which can be *seen* as well as felt.

The fourth difficulty with which such a Commission would have to strive is the universal attachment to things as they are, and the common dislike and suspicion of change; this would not be the easiest to overcome. It would be worth ascertaining whether a similar suspicion of warming and ventilating by system, to that we find in England, exists in countries wherein it is customary to use close stoves in place of open fires? But let open fires be retained, superadding a means properly proportioned, of introducing fresh air at a temperate warmth, and of ensuring such entry by an adequate withdrawal of air that has been respired and otherwise contaminated.

Regarding Asylums for the Insane, it may be considered unfortunate that the Commission exercising great authority in all their concerns, may be said to be decidedly opposed to their being provided with systems of ventilation. Have they thoroughly acquainted themselves with such systems; their promises and modes of action; their relative merits and abilities to accomplish their proposals? Or, do they but adopt, helping to perpetuate an unqualified opinion? I refrain from answering these questions, and trust to see the day when that Board will as surely withhold their sanction from plans for Asylums, which do not comprise systematic agencies for warming and ventilating, as they do, now, from proposals to purchase building-sites without water, or, to erect Asylums exceeding two stories in height. I am sure the warming and ventilating are more important than the limitation of stories, and inclined to think the question of



an adequate circulation and supply of air and warmth is not second to that of an abundance of water.

I have enquired what common fires can do ; but what can a good system of ventilating and warming accomplish ? Based upon a knowledge of the rate at which the air when enclosed in rooms is despoiled by living bodies, it proceeds to remove and replace such air in a measure corresponding, and includes such increase in the volume and rapidity as may be rendered necessary in overcoming mechanical obstacles. It proposes uniformly to supply the equivalent in fresh air to every respiration, and to remove the respired air ; carrying, besides the gas and vapour thrown out by the lungs, the various exhalations from the surface of the body. This simple proposition, occasioned by one of the commonest and most indispensable consequences of life, has been neglected for ages in the construction of houses, in the most remarkable manner ; and yet is able to suggest itself with a most attractive force to every mind.

Whence, then, arises the circumstance that an object so desirable is commonly regarded as unattainable ; whilst men who propose to supply the desideratum are looked upon as visionary ? From two causes ; first, a general want of the little scientific knowledge necessary to enable persons to form for themselves a practical judgment, instead of becoming seized with an exaggerated expectation ; secondly, incompetency on the part of engineers themselves, in whom self-taught and merely mechanical notions, are too little dependent on a proper acquaintance with the natural laws necessary to be obeyed in the artificial treatment of air. In addition to these, builders and workmen have their adverse ideas, and use the innumerable opportunities they possess to defeat a work which interferes with their customary measurements, and which they, like the rest of the world, deem a mere fanciful imposition. Thus, flues are pinched in their turnings and robbed of their proper area throughout ; girders and bearers are suffered to cross and obstruct them, and an inconceivable variety of tricks, carrying defeat, are senselessly committed ; of the perpetration of which, no one dreams until some pulling down, or other alteration, accidentally exposes them to view. This is lamentable enough, yet the mode of action is so common that, perhaps, no class of men except soldiers, are content to carry out their instructions without making some change according to their own views, or rather, absence of view.

The system then, if applied by an accomplished engineer

and carefully put in action, is capable of performing thorough ventilation, and the air to be introduced requires only warming to enable it to become the diffuser of comfort and the supporter of health in every part of the space enclosed by a building. Whilst I know of no defects which are inherent in the system, I am but too well acquainted with many mechanical obstacles, raised ignorantly by careless blundering. Such difficulties as these must never be deemed insuperable, nor allowed long to deprive mankind of a really serviceable invention.

In a medical point of view, to protect insane and aged persons from cold and to maintain for them a good atmosphere, notwithstanding their frequent practice of habits, producing the most rapid vitiation of air, must be deemed primary advantages.

The maintenance of natural heat is ever a principal object in all states of debility and exhaustion; and to diminish materially the capacity of the common air of a chamber to rob and distribute the caloric of bodies warmer than itself, is the most effective means to its preservation.

The extent to which mere cold is destructive to life, in aged persons, is well known. When it is remembered that the average duration of life in asylums has apparently become increased, it can hardly be doubted that greater attention to bodily warmth, in the various ways in which that may be supported, is not the least among the causes of such improved vitality.

It is needless, however, to argue in favour of the merits of warmth for the body, whether of the sane, or, insane; and whether as a prime source of health, or, merely of comfort. It may be asserted however, with safety, that, as a general rule, insane persons are peculiarly unfitted to resist the depressing power of a low temperature, and that the maintenance of a warm state of the person is a highly necessary condition in aid of other treatment.

In choosing between the two modes of warming and ventilating: the old, accidental, inadequate, and the modern, rational and capable, I must, in reason, prefer the latter. But, lest I may be supposed insensible to the comfort, beauty and cheery influence of an open fire, (a very un-English indifference with which I would not willingly, and could not truly be charged,) I may say that I hope to see the combined adoption of both methods; a general ventilation and warming with a power of not less than 55 degrees in the *coldest* season, and open fires in such rooms and situations

as are inhabited by day. The temperature of  $55^{\circ}$ , or rather more, would meet the requirement of bedrooms, halls, passages, and places where persons do not sit or stay; and in the remotest parts of day-rooms, into which rays from the fire do not penetrate, persons could not suffer from cold in an atmosphere that would be temperate at the least; whilst the coveted comfort, increased warmth and cheerfulness of the fireside would be preserved to give that *look of warmth*, without which we are not always sensible of, or, ready to acknowledge its existence. The cost of the combination need not be greater. It would be a question of the division of the fuel; less being appropriated to the furnaces in order to reserve a supply for the open fires.

One word of explanation. In calling this article "Claims of Systematic Warming and Ventilation," I do not presume that I have done justice to *all* the merits of the subject; not deeming myself a fully competent expositor of them. I have designed to take a common sense view of the matter, hoping thereby the more readily to attract attention to a question which would seem to be sinking in esteem; but of which the intrinsic virtues, when they have been explored, will be found fully to deserve and able to maintain a high place in the general favor.

*Remarks on Dysentery in Lunatic Asylums, with Cases*, by  
F. D. TYERMAN, M. R. C. S., &c., Medical Superintendent  
(Male Department) of the Lunatic Asylum for Middlesex,  
at Colney Hatch.

Coincidentally, or nearly so, with the outbreak of cholera in the village of Mevagissey on the south coast of Cornwall, in the year 1849, and which proved fatal to a great majority of its inhabitants, Dysentery first appeared as an epidemic at the county asylum at Bodmin, situated about eighteen miles distant. This latter disease had prevailed to a considerable extent previously at Penzance, between which town and the asylum there was no direct communication, nor had either disease affected the town of Bodmin, from which the asylum is about a quarter of a mile distant.

In some respects the disease bore a strong analogy to cholera, for instance in the sudden and irremediable prostration and collapse, and occasionally by vomiting; but the fecal



discharges and the vomited matter were in no instance characteristic of the latter disease.

Premonitory diarrhœa was not an invariable occurrence, the alvine discharges assuming at once sanguineous and mucous characters. It is probable, however, that dysenteric inflammation may exist for some time without its being indicated on ordinary examination of the evacuations. Several of the attendants and servants were also attacked, but with them the disease assumed a milder form than with the patients.

The total number attacked during the year 1849, from April to December were, with diarrhœa fifteen, and with dysentery twenty-seven, of which eleven cases terminated fatally. During subsequent years the disease has from time to time re-appeared in the above asylum, notwithstanding the adoption of various sanatory measures.

During my residence at Colney Hatch, (three years) fifty-six cases of dysentery, and sixty-eight of diarrhœa have occurred in the male department; the mortality in the former disease having been in the proportion of one third of the total cases, or somewhat less than occurred at Bodmin in 1849. The tendency, however, to these diseases here appears, during the last twelve months, to have been greatly diminished by the adoption of a more solid diet, batter puddings with some animal food ("toad in the hole") having been substituted on two days of the week for soup dinners.

During the whole of the past summer fires have been kept lighted in the basement wards, occupied by the weak and idiotic patients, and I have no doubt, that these combined measures have essentially tended to diminish the mortality of the house.

The cases of dysentery might be divided into two classes, viz., those of a sthenic and those of an asthenic type; the latter comprising those of patients whose constitutions were exhausted by enervating cerebral and general diseases, and who generally succumbed to the attack under whatever treatment adopted. In the former class of cases prompt treatment induced generally a favorable crisis.

There is probably no disease in which immediate and attentive care, with good infirmary accommodation, are more strongly indicated than in dysentery.

The treatment which I have found most effectual, and which is founded on a lengthened observation of the disease, comprises the immediate removal of the patient to bed, and carefully regulating the temperature of his body, applying

heat to the feet, &c., abstracting the ordinary diet, and substituting that of a farinaceous character, as biscuits, with milk; the administration of an enema of starch with a drachm of laudanum. In the premonitory diarrhœa the above alone have been found efficient measures. If mucous and bloody stools are passed, mercury in mild doses in the form of grey powder or calomel, according to the type of the case, is given in combination with ipecacuanha, opium, and sapo hisp., made up with extract of gentian in the form of a pill, given at first every three hours, the frequency of the doses being gradually diminished as the urgency of the symptoms declines.

If there be tenesmus, or pain in the iliac fossæ or abdomen generally, and the power of the patient admit, leeches are freely applied to the abdomen, and afterwards the hot turpentine epithem, by means of a thick flannel first placed in hot water and then saturated with oil of turpentine; these measures repeated until the symptoms yield. In many cases the occurrence of salivation has been very speedily followed by abatement and subsidence of the disease.

It would appear that the massing together of large numbers in lunatic asylums, and the monotony of the life and of the dietary, contribute to elicit this and analogous abdominal diseases, and that the cautious use of ripe fruit or free acids in some form (cider?) is indicated. For some months the usual monotony of living in the wards has been relieved at Colney Hatch, by assembling the patients in large numbers daily in the exercising hall at the dinner meal, nearly 300 male patients having thus dined together, and expressed their satisfaction at the change. It is intended shortly to introduce many female patients into this hall at the same meal.

I append some cases in illustration of the progress of the disease as it presented itself to my observation at the County Asylum for Cornwall, and of the treatment adopted.

D. F. TYERMAN.

*Colney Hatch, Sept. 15th, 1855.*

P.S. I have found the chlorine preparation, known as Collins's disinfecting powder, and used as directed by the patentee, a very valuable agent in correcting the very disagreeable odour of dysenteric evacuations, &c.

CASE 1. 1849, April 7. R. C., male, æt 46, labourer, having been insane (monomaniacal) for two and a half years, was attacked with dysentery, April 7, 1849, blood with mucus having passed the bowels with green bilious matter; he had pursued work as a labourer to the end of the previous day. 2nd day.

Great prostration without complaint of pain, pulse 76, irregular, intermitting, blood with the bilious feculent discharges. *3rd day.* Prostration excessive, extremities cold, hiccup. A few ounces of clear blood have passed the bowels with green bilious matter, and some nearly clear liquid, heat to feet and epigastrium, stimulants. *4th day.* Pulse scarcely perceptible, prostration resembles that of Asiatic cholera, hiccup, no vomiting, he is restless and calls for water, mind much confused. *5th day.* Died, the medicines, calomel, opium, &c., having produced no good effect. *Autopsy.* The arch and ascending portion of the colon thickened, sphacelated, and contained a large quantity of thick, grumous deep red fluid, liver pale, gall bladder distended with deep green viscid bile, stomach contracted and empty, intestines devoid of solid contents, lungs and heart healthy.

CASE 2. 1849, April 25. M. P., a male patient, 74 years of age, a copper smelter, insane and epileptic for nineteen years and upwards, was attacked with dysentery April 25, 1849, blood and mucus only passing the bowels, tenesmus occurring after the evacuations. R. Opii, gr. i., Ipecac, pulv. gr. ii., ft. Pil. 4tis ad 6tis horis sum. Hot turpentine epithem to abdomen. *2nd day.* Pulse 96, thirst, tongue moist and clammy, blood with mucus, or a dead-white mucus, (olim white flux) passes the bowels, potass. nitr. given in consultation. *3rd day.* Frequent mucous and bloody evacuations, without any natural feculent matter whatever, the mucous matter being of a half cheesy consistence and highly offensive, pulse 100, thirst, tongue clammy, not heavily coated. Diet, farinaceous, with milk, P Dover gr. x st ad., and afterwards Mist. Cret. c Opio. *4th day.* Vomiting of blackish, muddy looking matters, evacuations frequent, bloody, pulse failing, wine and water. Evening. Collapse, the vomited matter and the alvine discharges continuing unchanged. *5th day.* Died.

CASE 3. 1849, May 5. S. H., a male, epileptic, labourer, ten years and upwards insane and epileptic, was attacked with dysentery May 5, 1849. Habeat Pilulam e Cal, &c. 3 tis horis ; diet farinaceous with milk. *2nd day.* Pain in left iliac fossa, epigastrium and course of colon, tenesmus, evacuations consisting almost wholly of blood and mucus, thirst, tongue dry, pulse 100 and full. Hirud xvi. abdomini et postea epithem terebinth. Pilulæ rep., Habeat Haust Opiat. h.s. *3rd day.* Evacuations grass green, mixed, containing blood and mucus, tongue moist, red at tip, pulse 88, epilepsy occurs. Pilulæ et Haust. rep. *4th day.* Evacuations green, like spinach, abdominal pain relieved, pulse 90, tongue cleaning. *5th day.* Evacuations improving in character, being bilious and of more consistence, pulse 84, a severe epileptic fit at night. *9th day.* Evacuations bilious and healthy, pulse 80, tongue clean, urine is passed in sufficient quantity. Omitt Pilulæ, habeat mist. tonic c. Ammon, Sesq. Convalescent of the attack. Ten days after recovery from the attack, the most violent form of epileptic mania set in, and proved uncontrollable ; effusion within the cranium resulted, and the patient died nine weeks afterwards, the dysenteric symptoms not having recurred.

CASE 4. 1849, May 6. E. C. an unmarried female, 36, for upwards of thirteen years demented, and for several years debilitated, and in a generally abject state, with proneness to uncleanly habits, was attacked with dysentery May 6, 1849. Her pulse was feeble ; the case was treated by calomel, opium, and ipecacuanha. On the *3rd day* the evacuations were mixed, partly of grass green colour, and contained blood with mucus. There was anorexia. The urine was sufficient in quantity. Habeat Mist. Cret. c. Opio. *4th day.* The evacuations improved, pulse rapid and feeble, anorexia. *5th day.* Medicines refused, the evacuations contain less blood, no complaint of pain. *6th day.* Food vomited, medicine mostly refused, turpentine epithem to abdomen. *7th day.* A dose of calomel and opium given. *9th day.* Vomiting with prostration. *10th day.* Died.

CASE 5. 1849, May. T. H. æt 51, male, a shoemaker. The attack of dysentery was remedied by freely leeching the abdomen and afterwards applying the hot turpentine epithem, the administration of calomel and opium, and a diet of milk and biscuits.



CASE 6. 1849, May. T. W., male, æt 49, a fisherman, epileptic, suffered an attack of dysentery, from which he recovered after leeching the abdomen, hot turpentine epithem, and administration of calomel, with mild evacuates, the diet being farinaceous with milk. In 1852 he continued epileptic, and was prone to eat indigestible substances, as leaves of trees, &c.

CASE 7. 1849, May. M. A. M., 44, female, a sempstress, epileptic, suffered an attack of dysentery in May, 1849, which was remedied by leeching the abdomen, and afterwards applying the hot turpentine epithem and administration of mercurials, combined with opium and ipecacuanha, which in a few days induced pyalism, on which the symptoms immediately subsided. She was well Sept. 1852.

CASE 8. 1849, May 12. A. P. æt 24, male, idiotic and epileptic, was attacked with dysentery, May 12th, 1849, diarrhœa having set in the previous day, and for which a rhubarb draught was given. For some months previous his condition had been precarious. Habeat, cal. gr. ii., pulv. Dover. gr. x., statim, milk, and farinaceous diet. 4th day. Dysentery relieved, evacuations of yellow colour, fluid. Epileptic fits occurred yesterday. 5th day. Evacuations again mixed with blood and mucus. R. cal. ipecac. saponis aa. gr. i., opii, gr.  $\frac{1}{2}$ , ter die. 9th day. Evacuations bilious and feculent, without blood or mucus, Omitt. pilulæ. Habeat, mist. tonic. c. op. 15th day. No return of dysenteric symptoms, the evacuations being bilious but fluid and offensive. Increased debility 17th day. Died exhausted.

CASE 9. 1849, May 13. J. W., æt 32, female patient, a labourer, insane and epileptic for 19 years, was attacked with dysentery, May 13th, 1849, the evacuations consisting of blood and mucus. Calomel and opium was given every four hours, leeches were applied to the abdomen and the diet was farinaceous with milk. On the 5th day. Pyalism with immediate relief of the symptoms. On the 6th day the evacuations were feculent, bilious, and free from blood and mucus. She had no return of the disease and continued well, Aug. 1852.

CASE 10. 1849, May 21. T. T., male, æt 46, a shoemaker, insane five years, was attacked with dysentery, 21st May 1849. Calomel and opium treatment and farinaceous diet with milk. He was convalescent on the 5th day.

CASE 11. 1849, May 22. J. J., male, æt 49, a miner, demented, was attacked with dysentery May 22nd, 1849, the evacuations containing blood and mucus. Habeat, haust. rhei. farinaceous diet with milk. 2nd day. Abdominal pain, the evacuations consisting of blood and mucus. Habeat, cal. gr. i, opii gr.  $\frac{1}{2}$ , 5 tis horis. 5th day. Evacuations of a bad character, containing blood, there is pain in right iliac fossa. Hirudines abdomini and postea epithem terebinth. rept. pilulæ, 16th day. This attack continued obdurate but the medicines were persisted in, and ung. hyd. comp. has been rubbed into the abdomen. Pyalism now occurs. 21st day. He is convalescent of the attack. Ten months afterwards this patient died of exhaustion, dysentery not having recurred.

CASE 12. 1849, July. H. B., 68, female, a widow, insane many years, suffered an attack of dysentery in July, 1849, from which she recovered under the usual plan of treatment. This patient recovered mentally, and was discharged in 1851.

CASE 13. 1849, Oct. 1. J. K., male, æt. 33, a miner, demented and maniacal, was attacked Oct. 1, 1849. The disease was controlled by mercurials with opium, &c. This patient was the subject of sanguineous tumour of both ears, and died from brain disease, effusion, &c., on the 7th day after the subsidence of the symptoms, the remarkable phenomenon, under the most abject state of dementia, of a lucid interval having occurred three days before death.

CASE 14. 1849, Oct. A. N., male, æt 63, a laborer, recovered from an attack in Oct., 1849, under the use of mercurials, &c., and a milk and farinaceous diet. In 1852 he continued well.

CASE 15. 1849, Oct. E. N., female, æt 54, the subject of melancholia

suffered in Oct., 1849, a severe attack of dysentery, from which she recovered after freely leeching the abdomen, the application of hot turpentine epithem, the administration of calomel with opium, and adoption of a farinaceous diet with milk. In 1852 she was in fair health, but melancholia persisted.

CASE 16. 1849, Nov. 14. S. M., male, æt 33, a laborer, was attacked with dysentery, Nov. 14, 1849, the evacuations being mixed with blood and mucus. R. cal. ipecac. saponis. aa. gr. i., opii. gr.  $\frac{1}{2}$  ter die. *2nd day* Abdominal pain, pulse 86, urine scanty. Perstat. *3rd day.* Increase of abdominal pain, pulse 96, skin hot, evacuations unchanged, tongue very foul. Hirud. xvi. abdomini, and afterwards hot turpentine epithem, pilulæ rep. *4th day.* Abdominal pain relieved, pulse 96. Perstat. *5th day.* Evacuations bilious, green and mixed with blood and mucus, rep. pilulæ. *6th day.* Tongue cleaner, evacuations still mixed. *7th day.* Return of abdominal pain, with tenderness of hypogastric and left iliac regions on pressure. Hirud. xv. abdomini, turpentine hot epithem, rep., pilulæ. *8th day.* Distressing tenesmus, evacuations partly feculent, the quantity of blood mixed with them being diminished, rep., pilulæ. *17th day.* Convalescent of the attack pytalism having been induced and the evacuations having gradually assumed a healthy character. He was well Aug., 1852.

CASE 17. 1849, December 26th. M. B., female, unmarried, a mine girl, æt. 27, recovered on the *6th day* from an attack of dysentery under the administration of mercurials with opium and ipecacuanha and a farinaceous diet with milk.

CASE 18. 1850, Jan. 25. A. W. female, æt 36, demented and epileptic for twelve years, died on the *5th day*, viz., 29th Jan., 1850, after the onset of dysentery, frequent epileptic convulsions having complicated the case. The mercurial and opium treatment was adopted.

CASE 19. 1851, Jan. 2. J. K., female, æt 56, wife of a mason, 12 years the subject of melancholia, was attacked with diarrhœa Jan. 2. 1851, habeat. haust. rhœi. c. opio. *2nd day* dysentery occurs, blood and mucus passing the bowels, pulse 105. Hirud. x. abd., poultice. Habeat, pil. cal. c. opio. et sapone, 5 tis. horis. Evening, pulse very feeble, medicines repeated. Port wine. *3rd day.* Pulse scarcely perceptible, great prostration. *4th day.* A considerable discharge of blood from the bowels, hæmatoxylon with opium, wine and water. Pulse very feeble and skin livid, evacuations not improved, very offensive. *9th day.* Died.

CASE 20. 1851, January 15. E. P., female, 49, wife of sailor, 4 years demented, was attacked with dysentery, January 15th, 1851, the evacuations consisting of blood and mucus, abdominal pain being absent. Habeat pilulæ, cal. c. op. sap. and ipecac, diet farinaceous with milk. The attack proved obdurate and was complicated with flatulent distensions of the abdomen, but subsided on the 21st day. In November of the same year she suffered a second attack, which was remedied under similar treatment on the 8th day.

CASE 21. Feb. 4, 1851. G. H. J. male, æt 49, married, a shipwright, was attacked early in February 1851 with dysentery, which in a few days yielded to the calomel and opium treatment, and adoption of farinaceous diet with milk.

CASE 22. 1851, Sep. 12. H. M., female, 28, single, an idiot, was attacked Sep. 12, 1851, the evacuations consisting of blood and mucus, pulse quickened. Habeat Pilul. c. Op. *2nd day.* Copious discharge of blood mixed with mucus, pulse 128, tongue moist. Habeat Pilul. Cal. 3 tiis horis. *3rd day.* Evacuations green, mixed, containing mucus, but very little blood. Rept. Pil. ter die. *6th day.* Evacuations yellow and loose, entirely free from blood and mucus. Habeat Mist. Tonic. Caryoph. c. Opio. *12th day,* Great general improvement, evacuations yellow and loose. Perstat. Gradually convalescent.

CASE 23. 1851, Nov. 4. M. C., female, æt 30, wife of a sailor, demented, the case very abject, was attacked Nov. 4, 1851, blood and mucus passing the bowels, the pulse being quickened. Mild mercurial treatment. *2nd day.* Greatly pros-

trated, the pulse scarcely perceptible. Omit mecurials. Port wine and water. 4th day. Symptoms continue unfavourable, hot applications to abdomen. 8th day. Hiccup sets in, the prostration continuing. 11th day. Died.

CASE 24. G. M., female, 19, single, a servant, 3 years insane and epileptic, was attacked with dysentery, November 14th, 1851. 9th day. Convalescent under the calomel and opium treatment with farinaceous diet and milk.

CASE 25. 1852, July 13. E. T., female, 38, single, criminal lunatic, was attacked July 13, 1852, abdominal pain being complained of, but the tongue being perfectly clean and moist, same diet, pilul, cal. dys. 3 tiis. horis. Haust. Rhœi manè. 2nd day. Evacuations free from blood and mucus, medicines omitted. 3rd day. Evacuations again contain blood and mucus, and the abdomen is tender to the touch. Rept. Pilulæ 4 tis horis. Hot turpentine epithem to abdomen. 6th day. Convalescent of the attack.

CASE 26. 1852, Aug. 23. C. C., female, æt 20, single, a servant, three months insane, was attacked Aug., 1852, the evacuations consisting of blood and mucus. Diet farinaceous with milk. Habeat Pil. dysent. 5tis horis. Hot turpentine epithem to abdomen. 5th day. Symptoms yielding to effects of mercury, ptialism occurring. 6th day. Evacuations mixed, green and yellow, pulse has fallen from 120 to 96, 8th day. Convalescent of the attack.

*An Examination of the Practice of Bloodletting in Mental Disorders*, by Pliny Earle, M.D. New York, 1854, 8vo. pp. 126.

The therapeutics of mental disorders demand a much more lively interest and a closer attention than they at present receive. The so-called moral treatment usurps the too exclusive consideration of psychological physicians, as if insanity were something other than a corporeal disease, or a malady not amenable to medicine.

The preponderating importance given to moral treatment is undoubtedly the result of the strong reaction against the neglect of it during past ages; but the pendulum of opinion has swung too far, the just medium has been passed, and the insane are suffering by the present extreme views. Can a man, imagining himself a king, or a millionaire, be physicked out of his delusion; or what medicine must be prescribed to rid him of it? may be put as a question to be answered by an immediate negative, or to be ridiculed in the supposed absurdity of an affirmative reply. Yet a little reflection will shew that an hypothesis of insanity lurks under the question. Is the delusion a freak of an immaterial something? If so, the notion that a dose of physic can repair the derangement may well be derided. But is it not rather



the sign that a material, visible, and tangible organ or tissue is disordered ; that a part of the man as material as his liver is unhinged, and that, like his liver, it is the seat of some morbid action, and just as much a subject for medical treatment?

The notion that medicine is inoperative in mental disorder has done immense mischief. It has led the public to regard insanity as almost incurable, or as curable only by accident ; and, consequently, to neglect seeking medical aid, except to secure for their friends when unmanageable at home, the care and protection of an asylum. It has induced magistrates to hold medical men in little estimation as *physicians* of asylums, and to view them merely as useful and superior stewards in directing the general management and moral treatment, and as safeguards in case of casualties and of accidental disease. From the public and their magisterial trustees, the opinion has reacted injuriously on the superintendents of asylums. Leaving out of view the hopelessness of carrying out any well digested system of medical treatment, in the case of those still amenable to it, lost as they are amid the multitude of chronic incurables which he is appointed to superintend, the medical officer is especially prompted,—if he wish to stand well with the Committee,—to develop the moral management and domestic economy to the utmost ;—to exhibit well-kept wards, well-clothed and well-fed patients, well-filled workrooms, and a well-stocked and worked farm ; and, above all, a good balance from the patients' earnings, as a set-off to the cost of their maintenance. In these good deeds, we fear, the attention and energies of many medical superintendents are too exclusively engaged. However, to borrow here a legitimate quotation, "These things ought ye to have done, and not have left the others undone."

It is now high time to take up the book before us. When we saw its title in the catalogue we at once ordered it, hoping to have the question of bloodletting in insanity thoroughly handled, and to learn the views of American asylum officers on the subject. By a sort of tacit admission, nearly, or perhaps we are not far wrong in saying, quite all those engaged in the treatment of the insane, in this country, are, at the present day, agreed in the inutility, or in the positive mischief of general bloodletting. Still, we have not any writer who has actually weighed this point of practice, and balanced the evidence pro and con respecting it ; or who has collected statistics in illustration of its use.

The "examination of the practice of bloodletting," now

published by Dr. Earle, does not supply the deficiency hinted at. It is, to say the best, unsatisfactory. The book is mainly the product of an active use of the scissors—a mass of scraps and extracts, collected from all sources without judgment or a critical examination of their relative value; and which only serve to magnify what might have been a useful, instructive pamphlet of 16 pages, into a book of 126 pages. Thus we have a very long array of names, French, German, American, and English, representing opinions on the use of bloodletting, from those whose views are worth much, to others whose ideas of practice might well be let slumber in the records containing them. The purpose that first suggests itself of such lists of names and pages of extracts is, that by the simple arithmetical process of addition, the gentlemen who are in favour of bloodletting and those who are opposed to it, might be readily counted:—a sapient proceeding to determine a line of practice, making the multiplication of books by one or other party, even without reference to the prejudices of the time and the influence of prevailing hypotheses, a test of the accuracy of the views advanced.

Another objection might, moreover, be made; viz., that the mass of extracts is taken from books within the reach of all, and with the most of which every well-informed practitioner in lunacy may be presumed to be acquainted. In this respect the author has exposed himself to the charge of an affectation of superior knowledge and research, by pre-supposing his readers unacquainted with the views contained in works long before the public and well-known. For example, the bulk of the opinions of English psychologists is obtained from the Report of the Commissioners in Lunacy, published several years ago, (1846) containing a collection of the views of the then officers of asylums respecting treatment, whilst the remainder is culled from books, some of them, by the way, too ancient to be quoted for any teaching on the subject.

It is, in fine, the accumulation of opinions without a critical appreciation of their value, without reference to the time at which they were advanced, or to the individuals originating them, that we condemn.

But, to proceed, although the overloading of the book by needless quotations is a chief fault, the composition is not without its blemishes. A failing of our cousins across the Atlantic in their writings, in general, is, an attempt to write fine,—to soar above the vulgar jog-trot of English prose,—to astonish the reader by airy flights of rhetoric and by brilliant conceptions big with poetry. This fault Dr. Earle

has not escaped: p. 10 furnishes an illustration. He thus writes:—

“The doctrines of Dr. Rush and the prevalent practice at our large establishments for the insane, present . . . a broad, and, to an impartial unprofessional reader [what has such a one to do with the subject] glaring and unaccountable contrast. Black and white are scarcely more dissimilar. Light and darkness hardly present a greater difference. Antipodes are but little, if any, more diametrically opposite. The zenith and the nadir are but one remove more remote each from the other”!!!

To what purpose, we would ask the writer, is all this fustian? The statement, in our unsophisticated and unpoetic apprehension, that, the two lines of practice “present . . . a broad, glaring and unaccountable contrast,” seems sufficiently strong in itself. Other examples of this style of composition and other Americanisms might be adduced, but the above quoted, along with other extracts we may have hereafter to present, will suffice.

We must, however, pass from the manner in which the book is got up to the matter which it has to offer, and particularly to that in which the author has some share.

Bloodletting in insanity, as a cure for the malady, has never had a greater advocate than Dr. Rush, the able American writer on mental diseases best known in Europe. It would nevertheless appear that, even in his own country, he is, at the present day, almost without a follower; that bleeding is generally held to be contra-indicated and mischievous in insanity, and that Dr. Rush's theories and arguments have lost their force and authority, and seem in a fair way to be forgotten, by the advancement of a rational pathology and of an increasing experience in the treatment of the disorder.

However, the quiet of the worthy old physician is disturbed; he is raised up again by his countryman to serve as an antagonist; and the Rush *redivivus* is helplessly exposed to the blows levelled against him at the pleasure of his critic, armed with the weapons supplied by a modern pathology, unknown to the unlucky object attacked.

With this inglorious combat much of the book is encumbered, and certainly the old author is not tenderly handled. His opponent thus proceeds to belabour his opinions:—

“Here (referring to Rush's arguments that the postmortem changes in mania indicate the lancet) here, as in other of the arguments, we are bound to admire the facility with which our author deduces an identity of treatment from the most diametrically opposite symptoms, conditions, and phenomena. His logic simplified is this. If the skin be *dry*, there is inflammation,—therefore bleed; if it be *moist*, inflammation, bleed; is the pulse *frequent*? it indicates inflammation; ergo, bleed; is it morbidly *slow*? inflammation,—bleed; is it *tense*? inflammation,—bleed; *depressed*? inflammation,—bleed; *full*? inflammation,—bleed; is it *NATURAL*? inflammation,—bleed. Do you believe the cranium



to be *thickened*? it is the effect of inflammation; you must consequently bleed. On the contrary, is its natural *thickness diminished*? evidently the result of inflammation,—bleed. Is the brain preternaturally hard? inflammation,—bleed; is it preternaturally soft? inflammation,—bleed; is there redness in its substance, effusion, extravasation or intravasation of blood, or purulent matter?—all are the sequelæ of inflammation—hence you must bleed; and finally, is there in the brain “THE ABSENCE OF EVERY SIGN OF DISEASE?” how is it possible that there should not be inflammation? In the language of Broussais “it is an encephalitis that we have to combat,”—therefore, BLEED! Quod erat demonstrandum.”—p. 93-94.

Having thus far battered his antagonist, Dr. Earle cannot resist the temptation to attack him in another direction, in the following style:—

“These are not the only inconsistencies into which Dr. Rush was led. In several places he recommends or expresses approbation of certain forms of treatment which, in their very nature, are utterly at war with rational management, on the supposition of the truth of his hypothesis that the lesion is a profoundly diseased condition of the blood. In England, refractory horses are subdued by impounding them, “and keeping them from lying down and sleeping.” Hence, although he has enumerated wakefulness among the signs of inflammation the indications for bleeding, and the conditions which endanger the delicate structure of the brain, he infers that “*the same advantages might be derived from keeping madmen in a standing posture, and awake, for four and twenty hours.*” Again, he was informed that, in the interior of East India “the wild elephants, when taken, are always tamed by depriving them of food until they discover signs of great emaciation.” Therefore he is “*disposed to think favorably of fasting for two or three days in this form of madness.*” The principles of practice of the oracles in medicine deduced from the treatment of “refractory horses” and “wild elephants”! and this, too, while contending that the disease to be overcome in the human subject is an inflammation of the blood—a condition of that fluid so far removed from that of health, that it is evident, upon inspection, even to the eye! Were there the first point of analogy between the *pathological* physical condition of a horse, or an elephant, the inference would be less preposterous; as it is, it is worthy of a Sganarelle.”—p. 94-95

Now, must it not be pronounced unnecessary at the best, to raise up half-buried hypotheses in pathology and principles of practice, which modern research has exploded, and which have ceased to influence practitioners, for no other reason, so far as we can see, than to furnish an object of attack and to manufacture a book. As well might we take up one of the old Arab physicians, and criticise his notions and teachings by the light of modern science, and having found amusement in his by-gone ideas, and sufficiently proved our critical courage and skill, consign him at length to the limbo of heretics. On the contrary, an examination of the action, and the indications of bloodletting by the aid of our improved pathology, and by the teachings of experience; a collection of statistics and of cases illustrative of its good or evil effects on the course and in the cure of mental disorder, would have formed a highly instructive and useful book. Instead of this Dr. Earle has produced a book, the right title of which

ought to be 'a critique of Dr. Rush's work on Insanity, with copious extracts borrowed from numerous authors, concerning bloodletting.' It is not until we arrive at p. 122 that the critique ends, and we are favoured with a couple of pages informing us of the author's own experience. *Certes*, some casual notices of his views are encountered here and there distributed in the previous part of the book. We will adduce two of the best portions, the first constitutes a sort of apology for the extreme views of Dr. Rush, which it is really refreshing to meet with after so unmitigated a persecution of that writer, who, however, in error as to many points of practice, must be regarded as one of the ablest and most original of the many valuable contributors to psychological medicine which America has produced.

"It is (says Dr. Earle) not improbable that during the period in which Dr. Rush was in active life, disease in all its forms, in this country, not only involved the nervous system less than at the present time, but more seriously implicated the circulation, and required a more heroic method of attack for its subjugation. It is certainly easier to believe that this was the fact, than to conceive that an acute and sagacious observer, a learned and profound medical philosopher should have formed and promulgated opinions in regard to the treatment of insanity, diametrically opposed to those of many of the most experienced physicians of the present day, and so extreme in their character that but few can now approach them to any point of near proximity."—p. 119.

In the above remarks Dr. Earle makes use of the generally received proposition, that the human constitution has undergone a considerable change in character within the present age. There is undoubtedly much truth in this opinion, but we think the tendency is to press it too much into service; to use it in explanation of almost all the changes in treatment which modern progress in physiology and pathology have suggested, in preference or even in contrariety to old established principles of practice. We believe that this applies even to the subject of bleeding, the tolerance of which in particular is supposed to have undergone so great diminution of late years. The question occurs, whether, if we could bleed with the same confidence in the necessity and utility of the operation, and if we could view the effects with the same complacency as our forefathers, the abstraction of blood would not be possible now as heretofore. In large overgrown towns like London, where the inhabitants live in hygienic conditions unfavourable to health, and certainly destructive of vigour and of the blood-making process, we would answer in the negative to the question proposed. But where the conditions of life assimilate nearer to those enjoyed by our ancestors, we should, on the contrary, be disposed to reply in the affirmative.

Admitting, however, a constitutional change in the human species in this part of the world, all evidence goes to shew that it is especially notable in the nervous system, in the augmented impressionability of the body. And Dr. Earle has good reason for saying that this is due to the "higher state of civilization, and the consequent greater development of that (the nervous) system." This writer also tells us that "Dr. Smith, late of the Ohio State Lunatic Asylum, mentions the asthenic character of disease, now becoming so marked in the great western valley."

Such then, it would seem, is the penalty we pay for our boasted civilization,—or in other words, for the luxurious habits, the enervating enjoyments, the excessive rivalry and competition, and the greed of gain, which characterize our era.

Suppressed discharges have had much evil attributed to them, but we coincide with Dr. Earle, that there is no necessary relation between them and the outbreak of insanity, with the reservation indeed, that occasionally an apparently direct causation appears between the suppression of the catamenia and a fit of insanity. Dr. Earle says:—

"Many authors think that a state of suppressed menstruation, hæmorrhoids, or of other periodical or habitual discharges, is one of those conditions (in which bleeding is indicated,—insanity complicating them.) Now it is well-known by persons who have much experience in insanity, that in females there is no constant relationship between the pathological mental condition, and the mensual exudation. Some women become insane, continue so for months, and recover, without any interruption of the regularity of their monthly periods. In some, the mental disorder *precedes*, while in others it *follows* the suppression of the menses; when these have been suppressed, either before or after the invasion of insanity, they may return without having any curative effect upon the mental disease. Some patients recover soon *after* the re-appearance of them, others *before* their re-appearance. When the menses continue regularly through the progress of insanity, in some cases there is an exacerbation of the physical and the psychic excitement at the periods, but in others, and I believe it may be said the majority, no such exaltation occurs."

"For these reasons, even if there were no others, I apprehend that suppression of the menses is not, an indication for the artificial reduction of the quantity of blood. It is not this incident alone, but the general corporeal condition upon which this incident may depend, that is to be our guide towards a proper therapeutical treatment. The probability is, that the insanity and the suppressed menstruation both originate from the same abnormal condition, not that either of them is either the cause or the effect of the other. Therefore, whether the patient be plethoric or anæmic, restore the system to its normal vigor and tone, and nature will call her subordinates to the execution of their neglected functions. The same principle will hold good in reference to the other discharges alluded to or mentioned."—p. 120-121.

The author's personal experience may now be recorded and the inferences he deduces from his examination of the subject. He tells us, that on first undertaking the treatment of insanity his impressions led him to a pretty frequent resort to topical bleeding, and occasionally to venesection,



but that subsequent experience has modified his practice. The following number of more recently attacked cases were received, in the course of four years, into Bloomingdale asylum, from 1845 to 1848, both inclusive.

" 19 cases in which the disease had existed from						1 to 7 days
11	"	"	.	.	.	8 to 10
31	"	"	.	.	.	11 to 14
14	"	"	.	.	.	15 to 21
2	"	"	.	.	.	22 to 28

" Of these seventy-seven patients, eight had been bled by venesection, and seven by cups and leeches, before admission. Of the eight bled from the veins, four recovered and four died. Of the seven bled locally, five recovered, and two were discharged in different degrees of improvement.

At the asylum none of the 77 were bled. Seven were cupped, and all recovered. " In one of these cases bleeding was practised as a precautionary measure against a rapidly increasing plethora, in an advanced stage of convalescence. In another, the patient had been leeches before admission. In a third the patient was a robust, athletic, plethoric, young man, a farmer, whose disease was of very sudden invasion, and of violent form. He was bled from the arm three times in the first few days.

" After coming to the asylum he still appeared too plethoric. I ordered cupping on the nape of the neck. When but three ounces of blood were drawn he fainted—a confirmation of the assertion of Dr. Burrows, that prostration follows sanguine depletion even when the symptoms appear to indicate it, as well as of the alleged fact, that the insane cannot tolerate this treatment as well as the sane."—p. 122-123.

Of the whole seventy-seven cases, fifty-two recovered; eight improved; five remained unimproved, and twelve died. Four of the uncured were removed after four, ten, seventeen, and thirty-five days respectively, after admission, and consequently did not have a fair trial. Several of those who died were not brought to the asylum until much prostrated. One died the day after admission; one in two days; two in three, and two in seven days.

" In 1845 and 1846, admitted 32; cupped, 6; cured, 21; equal to 66 $\frac{2}{3}$  per cent. In 1847 and 1848, admitted 55; cupped, 1; cured, 31; equal to 68 per cent."—p. 124.

Although the author remarks on this increased per centage of cures, when cupping was less practised, yet it is too small, and the number of cases too few, to be insisted on as an indication of practice; since in so limited a number of cases admitted, the character and curability will much vary from time to time, and the number of cures will differ in consequence, even when the same plan of treatment is pursued.

The work before us is concluded by a summary of results arrived at by the author from his consideration of the practice of blood-letting. He disposes them in the form of inferences, to most of which we can subscribe our consent.

"1. Insanity in any form, is not of itself, an indication for blood-letting. 2. On the contrary, its existence is of itself, a contra-indication; hence the person who is insane should, other things being equal, be bled less than one not insane. 3. The *usual* condition of the brain in mania, is not that of active inflammation, but of a species of excitement, irritability, or irritation, perhaps more frequently resulting from or accompanied by anæmia, debility, abnormal preponderance of the nervous over the circulatory functions, than in conversion with plethora and enduring vital power. 4. The excitement both mental and physical, produced by this irritation, can in most cases, be permanently subdued and its radical source removed by other means more readily than by bleeding. 5. Yet insanity may be co-existent with conditions, such as positive plethora, a tendency to apoplexy or paralysis, and sometimes sthenic congestion or inflammation, which call for the abstraction of blood. 6. Therefore, venesection in mental disorders should not be absolutely abandoned, although the cases requiring it are very rare. 7. As a general rule, *topical* is preferable to *general* bleeding. 8. In many cases where the indication for direct depletion is not urgent, but where blood-letting, particularly if local, might be practised without injury, it is safer and better to treat by other means, equalizing the circulation and promoting the secretions and excretions. 9. The physical conditions requiring blood-letting, more frequently exist in mania than in any other of the ordinary forms of mental alienation. 10. Insanity following parturition, other things being equal, is to be treated by bleeding less frequently than that which has its origin in other causes. 11. If the mental disorder be the direct result of injury to the head, the treatment must be directed to the wound, or its physical effects, not specially to the psychic condition. 12. In many cases where insanity is accompanied by typhous symptoms, and in some where the aspect is that of acute phrenitis, active stimulants alone can save the patient, and direct depletion from the circulation is almost certainly fatal."

This collection of propositions is useful, and we have, therefore, given it entire, along with the extracts previously presented; it constitutes the marrow of the book; and unless our readers are also desirous of the bone,—are partial to discussions, and wish to have a bone of contention, they may save the expenditure of five shillings in the purchase of the treatise, and consider themselves indebted to us in that sum for the saving both of hard cash, and of the trouble of wading through the book.

J. T. A.

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*Further Researches on the Functions of the Brain*, by  
 THOMAS LAYCOCK, M.D., &c. *From the British and Foreign  
 Medico-Chirurgical Review*, July, 1855.

The July number of this most scientific of medical periodicals contains an elaborate original communication

from the pen of Dr. Laycock, now Professor of Medicine in the University of Edinburgh, on the *Functions of the Brain*. The eminent name and position of the author not less than the character of the periodical give to these papers an interest surpassing those of most independent works. We therefore feel it our duty to lay these new views before our readers, as briefly as the nature of the subject will permit, appending such comments as we may deem necessary. Professor Laycock first developed his theory of the reflex function of the brain in the 19th vol. of the same periodical. This theory is thus briefly stated by him :

"Facts and experimental researches in abundance were not wanting ; and therefore soon reached this general conclusion, that the brain being a congeries of ganglia, did not differ in its laws of action from the other ganglia of the nervous system ; and in particular, that like the spinal ganglia, it was subject to the laws of *reflex* action. It followed, therefore, that although, as the organ of conscious mind, its functions were carried on *with* consciousness, yet as being a series of ganglia analogous to the spinal, its functions might be, and often were, carried on *without* consciousness, or at least independently of the will, and of the accompanying sensations, if consciousness existed."

He states that this doctrine has been approved and adopted by eminent physiologists, and especially by Professor Carpenter, but that he stands almost alone in maintaining that, in so-called sensational actions conscious sensation is only a casual and co-incident phenomenon, not necessary to the acts, or in other words, that sensational cerebral action may take place as unconsciously as the reflex actions dependent upon the true spinal nerves. Is there not a misuse of the word *sensation* in these propositions? Physiologists are well agreed that very important parts of the excitor-motor nervous system are contained within the cranium, which may therefore be rightly considered to belong to the brain, and that unconscious actions may be excited by impressions made upon these parts. But the term sensation has always been held to imply, not merely any nervous impression, but one which becomes perceived, and the idea of an unconscious or an unperceived sensation appears to be a misuse of a well-defined term. Professor Laycock describes the phenomenon of reflex action to be the *intelligent response to stimuli*, and he maintains that there is no essential difference between such actions as they occur in plants or in animals. The motions of the heliotrope as it follows the sun are identical in their nature with the complicated movements of respiration. According to him the motions of all organized beings which display definite purpose (tending to



good), are examples of intelligent respondents to stimuli, essentially the same in character as the excito-motor movements of animals, whose elucidation has immortalized the name of Marshall Hall. Professor Laycock does not give much credit to Dr. Hall, preferring the metaphysical views of the continental anatomists, Whytt, Unzer, and Prochaska, to the thoroughly simple and scientific physiology of his country man. But to return to Professor Laycock's views, he believes not only in unperceived sensation, but in unperceived thought.

"It may be stated, then, as an admissible general proposition, and therefore of universal experience, that the cerebrum (the organ of thought) may be put into the same modes of action as occur in the other ganglia of the nervous system, when they are rendered active, independently of the will or the consciousness, by their appropriate stimuli; and (to use Dr. Carpenter's words) may act upon impressions transmitted to it, and convey elaborate results, such as we might have attained by the purposive (or volitional) direction of our minds to the subject, *without any consciousness* on our own parts; so that we only become aware of the operation which has taken place, when we compare the result, as it presents itself to our minds after it has been attained, with the materials submitted to the process."

But upon what after all does this doctrine of unconscious cerebration rest? Merely upon this fact, so easily and simply explained without the aid of so subtle a theory *the fact that we often find our minds in the possession of the results of intellectual processes, while of the processes themselves we have no recollection.*

Of this fact two explanations are possible; the one is, that the processes of thought have taken place in our minds without our having being conscious of them, the cerebrum has been syllogizing in secret; and a man may not only feel without knowing it, but think and know without knowing it. This is the theory of unconscious cerebration. The second manner in which the fact may be explained is much more simple; its extreme simplicity, indeed, may perhaps account for its having been overlooked; it is nothing more than this, that the memory is less tenacious of the processes of thought than of their results. The former are so entirely forgotten that we are often inclined to believe that they have never occurred; but to explain this simple fact by the assumption, that thought can occur without consciousness, could scarcely have occurred to minds whose tendencies were not peculiarly metaphysical. Unperceived sensation is the only fitting basis for unconscious thought; for if thought, which is compounded of perception, comparison, and judgment, can be supposed capable of exercising itself upon any thing without consciousness, that thing must be the phantasma of

unperceived sensations. It must be remembered that the kind of thought, respecting which the theory of unconscious cerebration has been constructed, is not the merely trivial inferences which every man is constantly making, but the difficult mental processes by which scientific and philosophic questions are solved, by which elaborate calculations are made, processes, in fact, which are too difficult for a fatigued mind to accomplish, and which have been desisted from on this account; these are supposed to have been effected unconsciously, because, when the attention has recurred to the subject, the result of the intellectual operations which had been desisted from has been found ready at hand. Surely it is easy to suppose that, in such cases, the last intellectual step has been taken consciously enough in the interval, although memory is treacherous of the fact.

Another cause of the phenomenon from which the theory of unconscious cerebration has been subtilized is, that the fatigued brain is often unable to appreciate the work which it has actually done. When by repose the organ has recovered its functional strength, the mind often appears to grasp trains of reasoning which it could not previously complete, in a very marvellous manner. In like manner a school-boy very frequently, when he awakes in the morning, finds in his memory, the lesson perfect, which he was quite unable to repeat when with fatigued mind he went to bed. He has not learned the lesson in his dreams, nor by a mysterious process of unconscious attention, but his refreshed brain is merely able to utilize the results of his previous application. Professor Laycock, however, more profoundly fathoms the mysteries of unconscious mind than this theory of unconscious cerebration is able to reach. He says,

"It is obvious that there must be a necessary antecedent to the intelligent *action* of the machinery, in the intelligent *construction* of it."

"There is inherent in the primordial cell of every organism, whether it be animal or vegetable, and in all the tissues which are developed out of it, an intelligent power or agent, which acting in all cases independently of the consciousness of the organism, and whether the latter be endowed with consciousness or not, forms matter into machines and machinery of the most singular complexity with the most exquisite skill and of wondrous beauty, for a fixed manifest, and predetermined object—namely, the preservation and welfare of the individual, and the continuance of the species. This *quasi-intelligent* agent thus works with an apparently perfect knowledge of number, geometry, mathematics, and of the properties of matter as known to the human intellect under the term "natural philosophy" or physics."

"I therefore take it as an established principle, that the *quasi-intelligent* agent which operates in the construction of organisms directs the use of the organs constructed. Having thus traced the intelligent construction and use of

organs in living organisms to an unconsciously acting principle of intelligence, as the common source of both, and having identified the results of the unconscious use (or reflex phenomena) with the results of that form of *cerebral* action which is carried on unconsciously,—or, in other words, having shewn that the latter are reflex in their nature, it follows, necessarily and obviously, that these reflex *cerebral* phenomena are dependent upon the operation of the same unconsciously acting agent which constructs organs,—or, in other words, the unconsciously acting mind of the cerebrum, and the intelligent agent from which constructive and reflex phenomena originate, are identical in their nature and operation.”

It is, we think, to be regretted, that Professor Laycock has not explained in what relation his “quasi intelligent agent” which forms and directs the mechanism of all things which have life, stands to the mind of the Creator. It is also to be regretted, that he has not adhered more strictly to the common rules of ratiocination: for instance, in the above paragraph, he assumes, as “an established principle,” the truth of a very doubtful proposition, upon which his whole theory depends, and which he has in no way proved: and in the same paragraph he mentions identity of things, and identity in the nature of things, as if they were convertible terms; and not terms conveying different, and to a certain extent, opposed ideas; since the identity of a thing indicates unity; while identity in the nature of things, indicates plurality.

Professor Laycock describes the *unconsciously acting principle of intelligence operating upon or through matter*, in three modes, 1st. In moulding it into living organisms, forming complex living machines; 2nd. In moving and regulating these machines according to pre-arranged plans having for their object the good of the individual; 3rd. In acting upon the vesicular neurine within the crania of animals endowed with consciousness, producing changes “the results of which are presented to the consciousness, and constitute in part at least, the phenomena of thought.” Such are the actual operations of the unconsciously acting principle of intelligence, as Professor Laycock declares them to be, “irrespective of all theory.” We are compelled, however, to enquire on what grounds the operation of this principle can be called unconscious, since they are “presented to the consciousness.” The only explanations we can find from the language employed by the learned author, are, that the changes in the vesicular neurine are the work of unconscious principle, while the results of these changes are presented to the consciousness. We cannot admit that these views are so completely based upon ascertained fact, and so obviously true, as to be “irrespective of all theory.”



The relation which the operations of mind bear to those of the unconscious principle is the next subject of enquiry.

The author states that in the processes of thought and of will, the mental faculties act upon or through the vesicular neurine, by its means controlling the action of the muscles and attaining to self-consciousness and knowledge of the external world; thus on the one side, we have the unconscious principle producing changes in the vesicular neurine, the results of which presented to the consciousness are the phenomena of thought; and on the contrary, we have the mental faculties acting upon or through the vesicular neurine, and thus attaining to self-consciousness. We have taken care to employ the words used by the learned author, in order to prevent the possibility of misrepresenting him, but in our endeavours to understand his meaning, we have been compelled to bring his expressions into juxtaposition in such a manner, that the contrast becomes criticism and renders comment superfluous. Prof. Laycock considers the phenomena of the unconscious principle in its *constructing* operations: First, as they are manifested in the development and nutrition of the body; and Secondly, "abstractedly as the results of an intelligent agent, and in relation therefore with the intellectual powers or faculties of mind;" these latter are "the instinctive acts, or the so-called reflex phenomena, when directed to the external world, and the operations of the so-called *vis medicatrix naturæ*, when directed to the working of the inner system of machinery. It is not possible to separate these two classes of conservative phenomena except according to the sphere of action of the unconsciously acting principle of intelligence. In respect to their object and origin, they are identical." To illustrate the truth of this theory the instinct of thirst is adduced, which occurs when the blood needs to be depurated from saline ingredients by dilution and increased secretion. But may we not inquire how it is that this unconscious intelligent principle fails to procure depuration of the blood from substances more noxious than those of a saline kind from arsenic, or strychnia for instance? We must confess ourselves to be but weak believers in the *vis medicatrix naturæ*, since we are aware of none of Dame Nature's processes in the human body, which are everywhere and at all times conservative. The fibrinous and adhesive results of inflammation, which in some parts of the body are pointed at as examples of this conservative power, when they occur in others; for instance in the heart and the trachea, are the

causes of imminent danger and of death. When a man falls from a height into deep water, the water will save him from a broken neck, and if he can swim, from death; it will therefore be to him a *vis medicatrix*; but how, if he is deficient in the art of natation? We do not feel ourselves quite at liberty to combat Professor Laycock's views respecting the identity in origin of the reflex actions of the nervous system, and those beneficial functions of the inner system of machinery, which he illustrates by the example of thirst caused by salt in the blood, leading to the dilution and secretive depuration of the latter. It appears to us certain, that the immediate cause of these phenomena is not identical; but if Professor Laycock has really discovered the fundamental and unique cause of all vital processes, then it may readily be admitted, that looking to this as their common cause, all the processes of the nervous, and of the secreting system, may be said to be of identical origin.

Professor Laycock proceeds, "I have stated that in conscious animals, the operations of the unconscious principle of intelligence are associated with the feeling of pleasure or well-being if normal, with a feeling of discomfort or suffering if abnormal." Among conscious animals he includes only man and the vertebrata, holding the existence of pleasure or pain in other organisms to be an open question. "As to the vegetable kingdom, it is as reasonable an induction that its members also enjoy life, possibly a painless existence, as that they have no consciousness whatever." Thus it appears, that while he denies consciousness to many of the mental processes of man, he is disposed to attribute it to the existence of plants. It becomes, however, more and more difficult for us to understand what the learned author really means by consciousness. Can feelings of pleasure and of pain be experienced without consciousness? can we be truly said to feel pain if we are unconscious of it? If pain can exist without consciousness, how does it happen that when consciousness is suspended by chloroform, agonizing surgical operations may be performed without shock? To us it appears, that the sensations of pleasure and pain are attributes of our existence which are inconceivable without consciousness; and we are quite unable to comprehend how operations effected without consciousness can be associated either with feelings of pleasure or with those of suffering. Further on, the learned author enters into an explanation which, although a little inconsistent with his theory, that

plants may possibly have conscious enjoyment of life, gives us a somewhat more precise idea of the term in question.

"Be this as it may, it is in the organisms evolved out of a single cell, and in which all the separate organs are co-ordinated to the common object of the organism, that we have the first undeniable example of *individuum*. Unity manifestly, therefore, precedes consciousness, and is, of necessity, the fundamental or primary idea of the unconscious principle of intelligence. If, then, there be a co-ordinating apparatus, by the operation of which all the separate organs are co-ordinated to the common object of the organism, it necessarily follows that that apparatus must constitute the centre of unity, or of the individual, and therefore the seat of the *ego*, if self consciousness exist."

This nervous system is the centre of co-ordination of the animal functions, and the seat of the *great conservative idea*, for the attainment of which co-ordination takes place. "It is also the seat of those *quasi* mental or instinctive powers by which the unconscious mind attains its ends." The author then proceeds to claim for the unconsciously constructing mind "a profound *knowledge* of numbers, geometry, mathematics, and of every department of natural philosophy;" in illustration of which he cites the mathematical knowledge which the bee displays in the construction of her cells, "this knowledge being no part of the consciousness or experience of the insect," and being indeed so great, that it would take a senior wrangler at Cambridge ten hours a day for three years together to attain unto it.

Leaving the domain of mere instinct, the writer next enters the field of neurology and psychology:—

"The unconscious soul of man, acting within the cerebrum, has its substrata—placed there *ab initio*, or constructed anew. What are they? and what are their relations to the consciousness? We shall find that the two forms of mental manifestation have a common origin and a common substratum, and that the human mind is none other than the unconsciously working principle of intelligence individualized, become conscious of its own workings in the cerebrum, and deriving its ideas from its own constructive or material changes in the organ of mind."

The author not only strenuously maintains the unity of the mind, a unity "to be found in the identity of the conscious and unconscious mind," but he insists—

"That there is a central point, composed of vesicular neurine, in which the sum total of the functional activity of the organism is felt, and whence there is a reaction (reflex action) upon all the structures which minister to the physical well being of the organism, is as certain as that every organism is developed from a common centre—the primordial cell."

Personal identity he refers to the intuitive conviction of continuous existence, which includes the ideas of the past and the future:—

"It is an intuition that we shall continue to exist, as well as that we have existed. Now this idea of the future is a fundamental idea of the unconscious principle of intelligence—equally fundamental as the idea of unity itself."



He proceeds to explain how "morbid conditions of the vesicular neurine develop correlative states of the consciousness in reference to these fundamental intuitions." *Neuralgia* is one of these morbid conditions; "*melancholia* is a higher morbid state in which evil is anticipated or believed to have occurred; it is however *precisely analogous to neuralgia in its nature*." "This doctrine of melancholia is equally applicable to all forms of disease." The learned writer illustrates the relation existing between the unconscious principle of intelligence, and the conscious intellectual powers, from two points of view, namely, from the reason itself, and from intellectual pleasure or happiness—

"An act of the reason implies a knowledge of the qualities of matter; the primary idea, therefore, of the intelligence, must be the intuitive idea that matter exists. Now the internal world, and the qualities of matter in relation to the organism, constitute the study, if the phrase may be permitted, of the unconscious mind; correlatively, therefore, these are the study of the conscious mind. The first rise of the *ego* of self consciousness is in the perception of that which is not a part of the individual, or external to it. The body is a unity that it may be the more effectually protected from external injurious agents, and secure its well-being and the happiness of the soul which it clothes."

All the apparatuses of sense are described as "projections outwards" of the vesicular neurine; they "have all a common function and a common principle of action." "The whole body is external to the consciousness, and all sensations produce the conviction that they arise externally." "It is probable that in a perfect act of perception, all the senses co-operate in the act." This idea of outness is fundamental to all perceptions. The idea of power or causation, the writer believes, with many metaphysicians of eminence, to be entirely derivable from an expectation founded upon our experience of the invariable sequence of certain phenomena. He refers the existence of this mental principle also to the unconscious principle of intelligence—

"The *ideas of power* and of *causation* (or cause and effect) arise in the mind in the same way. We have seen that it is the aim or idea of the unconscious agent, in laying down the predetermined arrangements of the organization, that they shall invariably respond to the same stimuli; this idea is reproduced to a state of the consciousness, and is the idea that they will, for the future, so respond. "Why is it then," says Brown, "that we believe in that continual similarity of the future to the past which constitutes, or at least is implied, in our notions of power? A stone tends to the earth—a stone will tend to the earth—are not the same propositions, nor can the first be said to involve the second. It is not to experience, then, alone that we must have recourse for the origin of the belief, but to some other principle, which converts the simple facts of experience into a general expectation or confidence that is afterwards to be *physically* the guide of all our plans and actions. This principle, since it cannot be derived from experience itself, which relates only to the past, must be an original principle of our nature. There is a tendency in the very constitution of the mind, from which the expectation arises—a tendency that, in everything which

adds to the mere facts of experience, may truly be termed instinctive." (Op. cit., vol. i. p. 121.) When a stimulus or impression has excited the functional activity of any predetermined arrangements of the vesicular neurine, to which it is adapted, the state of consciousness corresponding thereto is correlative with the idea of the unconscious principle of intelligence ; now it is the aim of the latter that that effect should be so produced invariably, consequently that which invariably precedes a change in the state of the consciousness is connected in the mind with the idea of a *cause* ; hence the idea of *causation*."

"I could thus go through all our fundamental ideas and all our intuitive truths, and show that in them all the states of consciousness of the self-conscious mind are correlative with the ideas manifested in organization by the unconscious mind ; and that it is from the manifestations of the latter in and through the functional activity of the predetermined arrangements in the vesicular neurine, that all thoughts arise into our consciousness. There can be no doubt whatever, whether we consider the deductions to be drawn from observations of the form of men's crania, from the investigations of pathology and pathological anatomy, from the facts of comparative anatomy and zoology, and from the laws of embryology, or whether we consider the general laws of psychology as displayed in the operations of the unconscious mind—that, just as there is a difference in the tissues and structure of the body, to secure its well-being and continuance, so also there is a *differentiation in the co-ordinating apparatus* itself, to secure a knowledge of the external world. The result of this is a constant *localization and specialization of function*, so that masses of vesicular neurine are progressively appropriated to the mental powers as they are evolved, extent of neurine being correlative, *mutatis mutandis*, with extent of manifestation of power. In these masses there is the same fixed response to the appropriate stimuli, as in the ganglia with simpler endowments ; the same correlation between the ideas of the unconsciously constructing mind and the consciously thinking mind ; and the same relation between the appropriate response to stimuli of the neurine and the states of consciousness known as pleasure and pain. The fundamental modes of action of the human mind and its organs are really therefore, *INSTINCTIVE*."

But is not this opinion of the *differentiation* in the co-ordinating apparatus, by which functions are localized and specialized, and masses of vesicular neurine appropriated to mental powers as they are evolved, at variance with the opinion of the writer, "that the mind is one—a unity!" On the subject of intellectual pleasures, the author remarks that—

"The *first* instinct of human nature, and perhaps the highest intellectual pleasure, is to seek after and attain to knowledge—knowledge of the world around him, knowledge of himself, knowledge of his relations to his Creator and his fellow-creatures."

We doubt, however, whether the desire of knowledge can truly be called an instinct ; and we certainly think that if it can on any psychological theory be admitted into this class, that there are others, for instance, the instinct for food which has over it at least the advantage of priority. What funny little beings new born infants would be, if their first instinct was that of curiosity ! But "the unconscious principle as a constructive agent aims not at the good only—ever conjoined therewith is the beautiful, and of all beautiful objects, the contemplation of the human form,

and to man especially, that of the female, affords the highest intellectual pleasure. To the physiologist indeed it is only a combination of cells. But, "the geometrical rules by which these histological elements are finally combined together, or collated by the unconscious mind into a form of beauty," have been determined by Mr. Hay of Edinburgh, the basis of whose theory is simply this,—“That a figure is pleasing to the eye in the same degree as its fundamental angles bear to each other; the same proportions that the vibrations bear to one another in a common chord of music.” The learned professor illustrates this theory in which he finds new proof of the operations of the unconscious principle of intelligence, by a wood cut, of which it may be said that it makes female beauty resolve itself into the *hypothénuse* of a series of triangles. We have determined to avoid as far as possible all discussion of Dr. Laycock's opinions, but we cannot refrain from indulging in a little criticism upon the young lady whom he presents to us as a type of female beauty. The young lady is evidently of Saxon origin, belonging to the Angles, but even if she could be emancipated from the spinous processes, which make her appear a congener of the porcupine family, we apprehend there are few Englishmen who would recognize in her proportions a type of beauty. She is decidedly that of which Byron declared his abhorrence, ‘a dumpy woman.’ The figure is very different from those which live in the marble of Bailey or Thorwaldsen; it will scarcely be denied even north of the Tweed that the honest, sturdy figure of the professor's paragon has more affinity to that of Jenny Deans than of her graceful sister. We cannot contemplate this diagram without feeling that Mr. Hay's theory of the female form is a mistake, and without recognizing that the true foundation of all beauty is the perfect adaptation of means to an end. Would not the wide iliac region, with consequent obliquity of the femora, and the large pectoral glands be actual deformities, did we not recognise in them wise adaptations to the most important functions of the female? The form of woman is also beautiful to man simply because it is the form of woman, the form of his mother and of his spouse, of the companion whom God has given him to make life sweet, of the casket which contains the soul—a soul kindred to his own; and not because it can be included within a number of triangles arranged in fancied resemblance of a harmonic chord. If the souls of men could migrate into a race of horses, as in Swift's satire, the Honnyngs would say, nay to all the theories of Mr. Hay.



It is only just to state fully the conclusions arrived at by the learned writer, and we, therefore, quote the concluding passage of this article, in which he himself explains the theological bearing of his views.

"The preceding series of arguments and illustrations have brought the subject to the point from whence it was commenced—namely, the unconscious or reflex action of the cerebrum. Perhaps enough has been stated to establish these two prime truths,—1. That the consciously working principle of intelligence manifested in the construction and instincts of vegetables and of animals, is identical with the unconsciously working principle of intelligence manifested in the construction and functions of the human cerebrum ; 2, That the human mind is none other than this unconscious principle of intelligence individualized, become cognisant thereby of its own workings in the cerebrum, and deriving its ideas from its own constructive or material changes in the organ of mind."

"I have constantly made use of the term unconscious principle of intelligence or *mind*. By that term I mean simply to designate that principle of intelligence which is manifested in *all* the phenomena of the universe, so far as they are known, and whether cosmic or organic, in virtue of which all things tend to Good. It is a principle, according to my views, as universally extended, as universally operative, as devoid of personality, and as certain and definite in its laws of action as the force of gravity, and in the primary and essential element of the conscious mind. I term it *unconscious* mind because to us it so appears to be in its operation in organisms ; for although there can be no doubt whatever that it proceeds from the great creative Intelligence, yet the laws of the inductive philosophy forbids us to investigate its relations to the Deity, since these are clearly beyond the reach of philosophical observation and experiment. Like the force of gravity, it is a property of matter, and like it, probably dependent upon an immediate volition of the Deity. Speculations as to its nature and relations have been current in every age, and need not be multiplied now. It has been conceived to be God himself ; a doctrine which has constituted the foundation of Pantheistic and analogous systems of theology ; or under the term Nature, it has occupied the place of the Deity in Atheistic systems ; or in Deistic systems, has been viewed as a special moral agent. In Cosmogony, it has been considered as a *hypozoic* principle animating the world, as if the latter were an animal ; or, in relation to natural history and physiology, has been considered as the *anima*, plastic nature (Cudworth), the Archæus, the vital principle, the *vis nervosa*, &c. All these speculations I wish to avoid, preferring to investigate its laws of action through its phenomena : these are twofold : the changes it operates in matter, in reference to the ends it has in view, is manifested by phenomena ; and the changes in the states of the consciousness consequent on those material changes."

The opinions developed in this paper appear to be nearly allied to those of Spinoza and his followers, especially of Leibnitz. They resemble them in the theory that all things whether cosmic or organic tend to good, a theory at variance with the belief that this stage of life is peculiarly characterised by the existence and contention of principles of good and evil. They further resemble them in so far as they attribute mind and intelligence to all matter undergoing organic changes in a definite manner for a predetermined purpose. If intelligence is attributed to all matter in a state of organic development, because its changes being directed to a definite and intelligent purpose indicate that they are directed by

intelligence, it is impossible, on the same principles, to deny the attribute of intelligence to inorganic matter also ; since the presence of mind is scarcely, if at all, less evident in the inorganic chemistry and physics of creation, than it is in the cellular growth of plants and animals. If it is held to be proved that the cell of a plant or animal is endowed with unconscious mind, because its changes take place definitely, and in a manner which tends to good ; how is it possible to deny the same attribute of unconscious mind to the atoms of oxygen, which if they refused to combine in the right proportion with hydrogen, there would be no more water, or if they entered into ready chemical combination with nitrogen, the atmosphere we enjoy could no longer exist ? Professor Laycock must excuse us for calling his opinions theories, and for denying to them any right to the title of researches, a term which implies intentional observation and examination. These theories if we substitute the term "*monad*" for the more modern *cell*, bear so close a resemblance to the doctrines of Leibnitz that they would indeed appear in all leading features identical. Leibnitz taught that the universe was composed of independent and intellectually endowed "*monads*" developing themselves with spontaneous power, the Deity being the great original *monad* from whom all the others derived their origin. The monads of the inorganic world being in a state of torpor, while those of the animal and vegetable kingdoms possess activity and intelligence and the capacity of self development. If Leibnitz had been instructed in the cell theory of modern physiologists, and if he had still retained his pantheistic tendencies, he must have speculated in the very terms of the paper before us. We have no doubt that Professor Laycock will esteem the support given to that which he considers the truth, by the great author of the Pre-established Harmonies, as of more value to him than any amount of personal reputation for mere originality of thought.

The doctrine of the intelligent self development of matter, although at the present day acquiring new strength and popularity among the speculative Germans, will scarcely find many converts in this country, in which there is a strong and general faith in the personality of Him whose Will is made known in what we call the laws of nature. We know nothing of the unconscious mind which exists in the cells of a mushroom. They and all other things act in obedience to law, imposed upon them by a

Lawgiver, whom we know by His laws; or in the words of the earth spirit in the glorious German drama,

“So schaff” ich am sausenden Webstuhl der Zeit,  
 “Und wirke der Gottheit lebendiges Kleid.”

“’Tis thus the roaring loom of time I ply,  
 “And weave for God the robe thou know’st Him by.”

J. C. B.

*Elements of Psychological Medicine, an Introduction to the Practical Study of Insanity*, by DANIEL NOBLE, M.D.,  
 Lecturer at the Chatham Street School of Medicine at Manchester, &c. Second edition. Churchill, London, 1855, 8vo., pp. 356.

This book is rather a new work than a new edition, indeed, were it not for its title, we doubt whether it could in any way be recognized as derived or developed from the crude publication of a few lectures, upon which we had to comment in an early number of this Journal. We at that time objected to the assumption of a title which the character and contents of the work did not deserve. Dr. Noble has proved in the most satisfactory manner, that our observations however severe were perfectly just, for he has “remodeled the entire work so as to give it the character of a systematic treatise.” We are happy to be enabled to state from a careful perusal of this new treatise, that he has not only succeeded in his task of remodeling, but that he has replaced a hasty publication which could do him little credit, by a valuable and most able treatise which is by itself sufficient to establish for him a high reputation as a psychological writer. It is fair to state the author’s modest avowal that the treatise is addressed to *students* as “one professedly elementary and not too elevated in its aims and pretensions.” It must not however be understood from this that the author undervalues the task of the medical teacher, or that he is in any way unconscious of that high responsibility of instructing students thoroughly and well, which has produced Cullen’s “First Lines,” and Watson’s “Lectures on Physic,” with many other of the best works in all departments of medical science. It appears to us that one great merit of



this work consists, in its general simplicity and in the facts and illustrations being adapted to the existing state of information on the subject. The author has entirely removed the objection we formerly urged, namely, that he preferred the statement of peculiar and speculative opinions to the "common-place" utility of simple knowledge. The author has evidently had no inconsiderable amount of personal experience on the subject of which he treats, but he has to a still greater extent, read and appreciated the opinions of the best authors. He is, indeed, in a peculiar degree imbued, as it were, with the opinions and views of three of the ablest men who have written on the subject; Pinel, Esquirol, and Guislain. Consciously or unconsciously writers are apt to make of favourite authors types of excellence, to whose habits of thought and of style, they to a greater or less extent approximate their own. We do not speak of servile imitation, but of that kind of conformity which exists between a man and the leader of his party or sect, in politics or religion; in such a sense Dr. Noble appears to think and to write the plain and sensible views of the three authors whom we have above quoted.

The first chapter is principally occupied with reasons why medical men and students, not devoted to the specialty of insanity, should understand something of its diagnosis and its nature. These reasons are well stated, but we think that the author has overlooked one of great importance, namely, that a competent knowledge of all the powers and faculties of man in a state of health and disease is absolutely requisite to the acquisition of a complete knowledge of any of them; for in what other manner can the practitioner in any department of medicine become aware of what we may call disturbing influences? A physician paying attention to the condition of this or that set of organs or functions, to the neglect or exclusion of others, is in as much danger as a captain of a vessel impelled by steam and sails would be, if he entirely forgot the influence of the latter, and wilfully persisted in calculating the progress and direction alone, which was effected by the former; or another mariner, who in his exclusive attention to the winds, wilfully neglected the tides and currents of the ocean. We believe that strong reasons will always exist which will render the treatment of insanity more than that of any other disease, a distinct and strict specialty; but we are, nevertheless, convinced that the study of insanity, up to a certain point, is absolutely needful for all medical men, for without some

knowledge of its principles, how will they be able to appreciate all the phenomena of hysteria, hypochondriasis, epilepsy, phrenitis, delirium, the puerperal and senile conditions, and the various other states, in which the so-called purely somatic diseases are obviously complicated with affection of the mental functions. Metaphysicians teach us that man, like an oyster, is composed of two distinct parts, body and mind, and as Pantagruel could split an oyster with an arrow without touching either of the shells, so these hyper-acute discriminators can make a clean cut between the psychic and the somatic part of our nature. But the division is soon lost in the mantle of obscurity. The following definitions of insanity are quoted in the work before us as curiosities. The first by an author named Harper:—

"I will take upon me to define and pronounce the proximate cause and specific existence of insanity, to be a positive immediate discord in the intrinsic motions and operations of the mental faculty, exerted above the healthful equilibrium; its exact seat to be in the prime movement, and its precise extent just as far as the nervous power conveys its influence."

The second by Mr. G. N. Hill:—

"The *causa proxima* of insanity consists of a peculiar or specific change in the power of accumulation and subsequent action of the subtle matter of nervous influence."

Dr. Noble's own definition is, "that insanity consists in an apyrexial condition of the brain perverting thought and feeling to the destruction or impairment of moral liberty," a definition which would lead to discussions which could never be terminated until the great question of free will could be settled.

The chapter on the correlation of psychology and physiology is a new example of the confusion which must always ensue upon any attempt to reconcile the truths of physiology with the speculations of spiritual metaphysics. Throughout his work, Dr. Noble bears the strongest and most unequivocal testimony to the fact, that those actions called mental, and which collectively constitute mind, are occasioned by the activity of the cerebral organs: yet he fears to avow his convictions lest they should be thought "to suggest even approaches to materialism." The following extract will perhaps explain his meaning:—

"In the present sphere of existence, the mind is manifested through organic intervention. A thousand circumstances prove the fact. It is yet no more the case that the material brain is the thinking principle, and the separate parts divisions of the soul, than that the music of the lyre inheres in the instrument, and that the melodies elicited from it by art, are self-produced by the particular strings.

It may readily be granted that the material brain is not

the thinking principle, but can any one tell what is? We are sorry to observe this unreasonable dread of what is called *materialism* among able writers of the present day; it has arisen from the doctrines of materialism having been made use of by atheistical writers to undermine the doctrines of christianity; but many scientific men of sincere piety now believe that physiological materialism is thoroughly consistent with the doctrines of our holy religion, and to ignore or falsify the teaching of cerebral physiology on account of any *arrière pensée* of this kind, would be to shew distrust of the teaching of God in his revealed word, and in his revealed works. In the infancy of geological science the enemies of religion seized hold of the new truths as arguments against the Bible, and multitudes of persons, whose religious convictions were distinguished by timidity rather than by confidence, attempted to uphold the honour of God by little special pleadings, denials of fact, and abuse of the new science. Even a few of the earlier geological professors consented to speak low and to conceal; but Buckland, and Sedgwick, and other truly great men went boldly forward, well knowing that truth of any kind can never be unacceptable to Him who is the source of light and truth. As for materialism, it should be remembered that metaphysical doctrines of a very opposite character have been made use of by the more advanced atheistical thinkers, and although not so much in this country as abroad, persevering efforts have been made to sap the foundation of christian belief, by *spiritualist* doctrines of the nature of mind.

The third chapter on the Pathology of insanity is excellent. We fully agree with the author in his appreciation of the exclusive study of pathological appearances as they are seen in the dead subject, and in his recommendation that the nature of pathological change should be sought for in the causes producing it, rather than from the gross and appreciable effects it may leave behind; and we think that he apprehends with some justice a re-action against the pathological anatomy which forms so prominent a feature in medical research at the present time. The discussions which take place at pathological societies, already sufficiently indicate that they are not in the right path to discover the true nature of disease; the time of the members is occupied by the inspection of wonderful curiosities and abnormalities, as if one could expect to discover the habits and character of a nation by weighing and measuring its giants, dwarfs, and cripples. If



these popular and well-supported societies, instead of devoting their attention to exceptional cases which never were seen before, and may never be seen again, would divide themselves into working sections for the investigation of the conditions of the commoner forms of disease, they would be likely to advance the real progress of medicine, and to establish their own prosperity upon the sure basis of recognized usefulness. As it is they are in danger of becoming medical "curiosity shops." Dr. Noble states that the records of morbid anatomy lead to the conclusion, that any form or degree of mental derangement may exist unaccompanied by physical alterations recognizable after death. This statement requires to be qualified by the admission, that pathological examinations of the brain have, until recently, been made by most people in a very careless and superficial manner, and that the *records* of them have neither been accurate nor minute; yet, with this allowance, it must be admitted that the early stages of profound disease, and even the latter stages of slight mental disorder, do not constantly leave behind them such changes in the organ as are appreciable by any means of examination at present in our power to employ. That changes do nevertheless exist, although they may escape the recognition of our senses, no one can doubt who recognizes function to be the expression of organic activity, and functional disorder to be the undoubted evidence of organic change. That mental disorders are not peculiar in occasionally leaving behind them no appreciable trace of their existence, Dr. Noble shews in a satisfactory manner.

"It is true that in some departments of practical medicine there exists an admirable relation between symptoms and sensible alterations of structure; take diseases of the chest, for example. Nevertheless, in the case of other organs besides the brain, the pathologist who looks for every explanation to morbid anatomy, will be constantly disappointed. The symptoms of disease may, under certain circumstances, be referred to some obvious change of structure that may be detected after death; but then the very same symptoms, so far as an observer can judge, will, under other circumstances, be dependent upon a different condition of the structures. It will sometimes happen that the actual disease shall originate external indications that direct the medical observer's attention far more to the organs secondarily or sympathetically affected, than to those which are undergoing permanent physical change, noticeable after death. Moreover, some very vital structure shall have become so seriously disordered in function as to bring about a fatal termination, and yet no very material alteration in its appreciable characteristics be witnessed upon *post-mortem* examination; and, on the other hand, deep and irreparable changes in the organization will, at times, have advanced to the most destructive lengths, without remarkable change in the physiological manifestations. Cases have occurred in which very decided alteration of the anterior columns of the spinal cord had taken place, without loss of voluntary motion in the parts below, whilst complete and apparently destructive change of the posterior columns has occurred without corresponding lesion of sensibility. Instances are recorded in which the whole

thickness of the cord has undergone softening and apparent disintegration, without interruption of the functional connexion between the encephalon and the parts below the seat of disease. Again, whilst blindness from paralysis of the optic nerve dependent upon recognisable fault in the tissue, or in that of its connexions, will sometimes come on; occasionally, the exciting cause will be the presence of intestinal worms, implicating the visual apparatus only by sympathy. Numerous facts demonstrate the absence of definite relation between functional disorder of the stomach and sensible physical changes. Most troublesome dyspepsia exists; the patient dies of some other apparently unconnected disease; in such cases, occasionally, there is no change discoverable in the stomach. On the other hand, thickening of the gastric mucus membrane, and even ulceration of this tissue, may prevail to an extent producing death; and yet, during life, no unwonted degree of indigestion may have shown itself."

Dr. Noble would explain many of those diseases which have no pathological *remanets*, by a vitiated state of the blood, or by disordered sympathies causing local functional disturbance, without local change. We cannot, however, agree with him in this view, and we believe that organic local changes always exist, although they may have disappeared before examination, or their traces may be of too subtle and delicate a nature to be demonstrated.

The author devotes the four following chapters to the Varieties of insanity, and to their description and classification. He still divides insanity into three forms or classes, the emotional, the notional, and the intelligential; under the first he includes "all those examples wherein there is largely displayed some striking irregularity of the emotional sensibility of a kind to derange the natural current of thought." By the term notional, he designates "examples in which some unwonted and erroneous perception or general idea has secured a hold upon the consciousness so firm as to have become like an actual reality—a notion with respect to which a patient cannot be set right by appeals either to reason or to experience." "Intelligential insanity is a designation applicable to a class of mental maladies, which are characterised by general disturbance of mind, by defect of volitional co-ordination of thought, rather than by fixed delusive notions." There can be no doubt that this classification is founded upon natural varieties, since in most other systems of classification, corresponding divisions have been made, and as Dr. Noble himself points out, his classes correspond to the forms of insanity commonly designated in this country by the terms mania, monomania, and moral insanity. We are not disposed to criticise Dr. Noble's classification, because our objections to it are founded on difficulties inherent to the subject. If we object that, in the realities of practise few examples will be found presenting

in any degree of purity the characteristics of these several classes, and that in the great majority of cases their characteristics are united in the most varied combinations; if we object, moreover, that in the different periods of the progress of a single case, all Dr. Noble's classes are successively represented, we feel that our objections are directed against all classifications founded upon the uncertain and variable phenomena of the disease. We feel the justice of M. Bosquet's remark, elsewhere quoted, that "alienist physicians are never at home in their classifications except in their books."

This unflattering opinion, recently expressed before the Imperial Academy of Medicine of France, is by no means altogether unjust. Perhaps, the only fair excuse to be made is, that the treatment of mental diseases is still far more of an art than of a science, and the various systems of classification have hitherto been founded upon the phenomena, and not upon the causes or real nature of insanity. But the phenomena are so infinitely varied and mixed, that any classifications founded upon them must necessarily be found in practice uncertain and unsatisfactory. Like the artificial botanical systems of Linnæus and Jussieu, they do not tend themselves to become the means of extending our knowledge of the nature of the things classified; they are adopted arbitrarily for want of a better, that is, of a natural system. But is a natural system of classifying mental diseases at the present time possible? We fear that it is not. If Dr. Noble's new designations are adopted, they will have the good effect of getting rid of at least one objectionable term, of a term which has almost become opprobrious to alienists, namely, that unfortunate one of "moral insanity." It is but fair to Dr. Noble to state, that he adopted his terminology without having read or heard of Dr. Arnold's work, and that the employment of the terms used by the latter physician was quite accidental. These chapters contain many interesting and well recorded cases selected from other writers and from the author's own experience, which will amply repay perusal.

The chapter on the Diagnosis of insanity is very good as far as it goes; the subject, however, is so important that we scarcely think the space devoted to it sufficient. The diagnosis of insanity from hypochondriasis, which sometimes presents peculiar difficulties, should not have been omitted. The short chapter on the Prognosis of insanity is well and judiciously written; it concludes with Esquirol's maxims on this subject, many of which we think, notwith-



standing his high authority, are somewhat disputable; for instance, his very first maxim, that idiocy is incurable, must, in the face of so many institutions for the cure of idiots, be admitted to be at least of doubtful correctness. We doubt not that Dr. Noble found materials for this chapter rather scanty, and it is a pity that he overlooked the best paper on the subject with which we are acquainted, namely, a paper read before the Provincial Medical Society at Brighton, by Dr. Conolly. We throw out this hint for the next edition, since we have no right to find fault with any omission of this kind, inasmuch, as Dr. Noble has searched and quoted the best works in psychological literature in the fullest and most satisfactory manner.

In the chapter on the Etiology of insanity, the influence of hereditary predisposition is very ably traced, and the interesting question of the influence exercised by the condition of the parent at the time of procreation upon the mental constitution of the child is illustrated by some interesting and original facts. Guislain mentions a family of maniacs born of a woman who was drunk every day, to the last degree. Dr. How mentions that in America three-fourths of the lowest class of idiots are the children of intemperate parents; he ought, however, to have stated the proportion between temperate parents to intemperate ones, for in some communities the parents of nearly all children are intemperate. Without this explanation, Dr. How's fact is valueless. The following facts, however, supplied by Mr. Child, a surgeon of Manchester, respecting seven idiotic children, the casts of whose dwarfish heads are in the Mechanics' Institution at Manchester, afford positive testimony on the point:—

"The father of the idiots was a desperate drunkard, and as he kept a public-house, he was almost constantly in a state of furious intoxication, or had just been so, or was about to become so. Of the habits of the wife I hear nothing, you can judge as well as I what are the probabilities with regard to her habits."

"They had eight children, the first seven of whom were born whilst the father was under the influence of these drunken habits, and were the idiots in question. His property, however, became dissipated as well as himself, and latterly he was reduced to comparative poverty, being unable to find means to supply the indulgence he had been accustomed to. The last child—a daughter—born at that period was perfectly sane, and is now living, and married to a man in the adjoining parish.

"The man had two brothers, who both of them were reckless drinking fellows, and *their* father had a similar character, and was an 'excitable, nearly crazy wretch,' as he is described by one who had opportunities of knowing him.

"This you may depend upon as authentic information."

The author's remarks on the medical treatment of insanity merit our entire approval, and perhaps he goes quite as far in

his recommendation of purely medical treatment as it was advisable with medical students. We have no doubt, however, that the limit he places to the benefit of medicines is too narrow, when he says that "for the mere symptoms of aberration no physical treatment is indicated excepting such as the principles of hygiene may suggest." We may instance, in opposition to this opinion, the efficacy of antimonial frictions in early dementia, the use of which has been lately revived and strongly recommended by Jacobi, and from which we have ourselves derived excellent results. We may also mention the not unfrequent cure of melancholia by the prolonged use of morphia, as recommended by Dr. Seymour. If insanity, whether produced by physical or moral causes, does in fact depend upon morbid changes of the cerebral tissue or vessels, surely these changes are not less beyond the reach of pharmaceutic remedies when the exciting cause has been of a moral, than when it has been of a physical nature. It would be as reasonable to suppose that whenever dyspepsia or jaundice are produced by grief or fright or other moral causes they are beyond the reach of medicinal remedies. We do not doubt that when Dr. Noble wrote this chapter he thought it necessary to discourage the enterprise of the students whom he addressed, and to check any expectations they might entertain of curing insanity with a high hand, as they would cure a pneumonia or an ague; in this no doubt he was quite right.

We cannot altogether approve of the last chapter on the moral management of the insane, for although it is on the whole judiciously and well written, it bears internal evidence that it is the work of a man writing from opinion, rather than from knowledge. The moral management of the insane is not a subject on which it would be easy for any one to write well and at large, since the real secret of its greatest success lies on the influence which one character gains over the characters of others. Even the person who exercises this influence in the wards of a lunatic asylum would find it very difficult to explain it; much less, therefore, would it be likely to be estimated at its full value, and satisfactorily explained, even by the most candid observer, whose office of visiting physician to a lunatic asylum would lead him to see it from a very different point of view, and at a certain distance.

On the subject of mechanical restraints, Dr. Noble expresses his anxiety to avoid dispute, and we shall therefore make no comments upon his opinions, further

than to observe, that the advocates of non-restraint have repeatedly and distinctly denied that they substitute restraint by *persons* for the instrumental restraint of *things*.

Dr. Noble concludes with the following formula, in which he sums up the "entire treatment of insanity."

"Deal with the physical symptoms which may accompany Insanity, as you would deal with them under other circumstances, acting in correspondence with sound principles of medical practice; always remembering that, with high nervous susceptibility, depletion is badly endured,—more especially when an ailment refers itself to causes essentially psychical. For the relief of Insanity itself, uncomplicated with removable physical mischief, trust chiefly to hygienic and moral treatment; withdrawing influences likely to aggravate the particular symptoms of individual cases; and supplying to the mind such objects of attention and excitants to activity, as may be best calculated to arouse and sustain a new and more healthful mode of operation."

Estimated with reference to its aims and objects, as an elementary treatise for the use of medical students, we must pronounce this new work to be excellent of its kind, and highly creditable to its author; it is replete with interesting and well selected cases, its style is simple, lucid, and elegant; and its teaching is as a whole, sound and judicious. Although principally addressed to medical students, there are few medical men, not engaged in the special study of insanity, to whom its pages can fail to prove highly instructive; and even among specialists the interesting selection of cases, and the philosophical opinions of the writer on many points, will render its pages highly interesting.

J. C. B.

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*Report of the St. Petersburg Asylum, from 1845 to 1851.*

By DR. ERNST WERTHER, Physician of the Asylum.

Having met with the above cited report in "The Transactions of a Society of practical Physicians in St Petersburg,"\* a volume rare in this country, it occurred to me that a translation might be interesting to the readers of the 'Asylum Journal;' and the more so, as the state of the insane and of asylums in the Russian empire has, so far as I am aware, never been an object of inquiry by any English physician, and we have continued in complete ignorance of the treatment adopted, and of the provisions there made for the relief and

\* Vermischte Abhandlungen von einer gesellschaft practischer Aertzen St. Petersburg. Achte Sammlung, Leipzig, 1854.



cure of mental disorder. Certainly the information supplied in this report is but scanty; yet there is sufficient to shew that physicians in Russia rightly appreciate the wants of the insane and the advantages of moral treatment, and that their labours are crowned with a large measure of success. The observations of Dr. Werther on the circumstances affecting the relative proclivity of the two sexes to *madness and their relative curability* will be read with interest; whilst the statistical tables appended are valuable in confirming generally the results of statistics collected in other states of Europe. Indeed, looking over those tables, several subjects for comment present themselves, and a useful comparison of the facts revealed, with those of asylums elsewhere, might be made, did not the necessary limited space allowed in the Journal forbid.

Dr. Werther commences his report by stating that since 1850, in which year he entered office, fifty beds have been added, for males and females, so that at present the asylum can accommodate from 260 to 270 patients. The addition has been made by building detached wings, communicating with the main building by corridors.

For many years, the experience of the St. Petersburg asylum has shewn that more women recover than men. This fact was particularly striking in 1849, when thirty females and only fourteen males, were discharged cured. This does not obtain in the asylums of other countries, the curability of the two sexes appearing to be relatively equal. An exception to the rule in the St. Petersburg asylum, occurred in 1851, when twenty-six men, and only seventeen women were cured. This may be accounted for by the fact, that, in that year the enlargement of the building was in progress, and all the vacant accommodation was appropriated to the male inmates.

With reference to the fact above adduced, I will enter on a few considerations concerning the causes, the pathogeny and therapeutics of insanity, in order to shew that with respect to them, females are more favourably circumstanced than men.

As to causes, they are in females, whether psychical or bodily, less numerous and of less intensity than in the male sex. The experienced physicians of old, remarked that the most common psychical causes of mental aberration among men, are pride and vanity, and in the case of women, blighted affection. But this is only true in part. In general, insanity from psychical causes has, indeed, a less favourable prognosis, and men, it is certain, often become deranged by pride and

vanity or ambition, and are with difficulty recovered. Unfortunate or disappointed love in the female sex, or, more correctly, disorder in the sexual life of woman, incomplete or irregular development, and unsatisfied passion, are unquestionably the most fruitful sources of mental disturbance, although themselves often dependent on somatic causes. The so-called puerperal mania furnishes an illustration; and in this, when treated early and rationally, the prognosis is mostly favourable. But such psychical causes as pride, disordered ambition, failure in important enterprises, rarely come into operation as causes of disordered mind in women.

Mental disorder as a consequence of dissipation will be more rarely met with in women, and if at all, late in life, whereas it is in men when young, that this cause is most likely to exert its baneful action. The man who perseveres in his depravity until mature age, is less readily cured of the consequences, and at length falls into incurable dementia. The much greater frequency of apoplexy and paralysis in the male sex is attributable to the more licentious lives of men. Epilepsy, moreover, is found to be five times more prevalent with men than with women. Overwork of mind and occupation with abstract science,—more especially where the mental capacity is only mediocre, and still more during the time of youth, before puberty,—lead to mental aberration not infrequently in men, but are very rarely the cause of it in women.

To the same category of causes influencing injuriously the male sex, are, the delay before the position in life is determined, the regret of lost opportunities, and of neglected duties of life. Where anything analogous transpires in the case of females, the consciousness of any fault or wrong is mostly wanting. For example, the circumstance of not being married, or of not having children, will seldom produce insanity in a female.

A powerful cause of mental derangement in men is, the fact of limited means, and the excessive anxiety in the bringing up of children. Apart from the solicitude and frugality of the woman, there can be no doubt that the cares referred to more frequently and more profoundly operate on the husband than the wife.

There is yet another allied cause, often too little regarded, viz., that the feeling of righteous indignation, distinct from pride and morbid self-love, and particularly entailed upon the man by his more extended intercourse with the world, aroused by neglect, misconception, injustice, disregard, and ingratitude,

begetting in him a morbid misanthropy much oftener than in the woman.

Another influential circumstance, which greatly elucidates the subject before us, is peculiarly local in its influence, although indeed, not unobserved in other public asylums. It is, that the largest number of the patients are public functionaries and military men. When these fall sick during active service, they are at once transferred, by the regular courts and authorities, to the asylum, or, when there are no vacancies, to the care of the police. In the discharge of such patients, the asylum incurs a great responsibility with the government, for the re-entrance of convalescents upon their duties is a matter of much distrust and doubt. Owing to this, the residence of male patients in the establishment is for the sake of security certainly prolonged, and consequently there are few vacancies for men, whilst for women there are almost constantly several. (This evil has been diminished by the erection of the new buildings.)

On the other hand, it appears from the carefully kept books of the institution that, for the last twenty years, of the number of patients belonging to the inferior classes, admitted soon after the outbreak of the malady, and discharged, the cures have been in equal proportion in the two sexes.

With reference to therapeutics, the following points deserve consideration. A chief means of physical treatment is the judicious employment of the insane. This is easily and variously arranged for females; but, in the case of men, is attended by many difficulties. Women have numerous suitable modes of employment. Men can be occupied in making articles in paper and paste-board; in easy handicraft, such as basket and rope-making; and both sexes can be engaged in reading, writing, and drawing, in all sorts of games, in scraping lint, &c. Such occupations are always available; they prevent idleness among the patients, and serve to uphold order and propriety of conduct in the establishment, although of themselves seldom, indeed, curative. Every one will likewise grant that, for melancholic, monomaniacal and demented cases, appropriate bodily exercise in the open air is a powerful means of treatment. And so also are garden-work and, even still more, field-work—hoeing and ploughing.\*

\* I would adduce the example of the Asylum Village of Gheel, in Belgium, where the system pursued is, in my opinion, more beneficial than the modern plans of the English, to abolish all coercive measures,—or, than, as in Paris, the immersion of a furious patient, for twelve or more hours, in a warm bath,—or, than the employment, as at Palermo, of the American system of cellular isolation or seclusion.



These measures, together with a regular course of gymnastics for both sexes, are very desirable, but, as yet, have not been carried out in this asylum. However, with respect to such means, the females are more advantageously situated, since they have the opportunity of constant and vigorous exercise in a roomy and well-ventilated wash-house, from which beneficial results are frequently and evidently seen to follow.

I may moreover mention here, that remedial agents, as known to every physician, adapted to female diseases, are better understood, and there is a much wider scope for the employment of medicines in female than in male patients. Thus, by way of illustration, at the commencement of puerperal mania, as we have very often observed, a specific action is exhibited by camphor, opium, assafoetida, ipecacuanha, secale cornutum, savine, acetate of zinc and other drugs.

Lastly, no one certainly will dispute that, male convalescents on their re-entrance into ordinary life, have more to suffer from the prejudices of the multitude against those once insane, than females have; and that, from this cause, relapses are of not unusual occurrence. These prejudices, which cannot be too fully exposed, are more widely diffused amongst respectable and well-meaning men, than is commonly believed.

Dr. Werther appends to his report the following statistical tables.

J. T. ARLIDGE.

## STATISTICAL TABLES.

### I. *Causes of the Disease.*

	1845 to 1849			1850			1851		
	Men	Wom.	Total	Men	Wom.	Total	Men	Wom.	Total
Moral . . . . .	84	61	95	2	10	12	4	12	16
Somatic . . . . .	49	34	83	9	3	12	18	14	32
Hereditary origin . . . . .	26	36	62	4	7	11	2	5	7
Excesses . . . . .	13	5	18	3	..	3	6	2	8
Senile imbecility . . . . .	4	4	8	1	..	1	..	2	2
Pregnancy and parturition . . . . .	..	8	8	..	..	..	..	1	1
Unknown . . . . .	78	116	194	28	24	52	57	48	105
Found not insane . . . . .	6	15	21	1	2	3	3	3	6
Total . . . . .	210	279	489	48	46	94	90	67	177

II. *Social Position of Patients.*

	1845 to 1849			1850			1851		
	Men	Wom.	Total	Men	Wom.	Total	Men	Wom.	Total
1st Class. Nobles, Civil & Military Officers, Artists, Merchants, Literary Men, Clergy, &c. .	128	104	232	29	18	47	48	31	79
2nd Class.. Shopkeepers, Burghers, Artificers, &c. .	52	101	153	8	12	20	17	26	43
3rd Class.—Soldiers, Laborers, Serfs .	30	74	104	11	16	27	25	30	55
Total .	210	279	489	48	46	94	90	87	177

## III.

	1845 to 1849			1850			1851		
	Males	Fem.	Total	Males	Fem.	Total	Males	Fem.	Total
Married . . . . .	131	114	245	30	21	51	38	35	73
Unmarried . . . . .	70	115	185	14	19	33	42	38	80
Widowed . . . . .	9	50	59	4	6	10	10	14	24
Total .	210	279	489	48	46	94	90	87	177

IV. *General Results for Seven years, for those discharged.*

	1845 to 1849			1850			1851		
	Males	Fem.	Total	Males	Fem.	Total	Males	Fem.	Total
Cured . . . . .	74	100	174	5	12	17	26	17	43
Uncured . . . . .	17	23	40	3	..	3	4	3	7
Improved . . . . .	21	48	69	2	8	10	13	13	26
Found not insane . . . . .	6	15	21	..	1	1	3	3	6
Total .	118	186	304	10	21	31	46	36	82

V. *Duration of Treatment of those Cured.*

	1845 to 1849			1850			1851		
	Males	Fem.	Total	Males	Fem.	Total	Males	Fem.	Total
1 month . . . . .	15	15	30	..	..	..	1	4	5
2 months . . . . .	3	7	10	..	1	1	5	2	7
3 months . . . . .	10	11	21	1	..	1	4	4	8
4 months . . . . .	9	8	17	..	..	..	3	..	3
5 months . . . . .	6	9	15	2	1	3	5	1	6
6 months . . . . .	7	11	18	..	1	1	2	2	4
7—8 months . . . . .	3	11	14	..	2	2	3	1	4
9—10 months . . . . .	6	13	19	..	1	1	1	1	2
11—12 months . . . . .	2	3	5	..	1	1	..	..	..
Above 1 year . . . . .	7	7	14	1	2	3	..	1	1
Above 2 years . . . . .	2	2	4	..	2	2	..	..	..
Above 3 years . . . . .	1	1	2	..	..	..	1	1	2
From 4 to 6 years . . . . .	3	1	4	1	1	2	1	..	1
Above 10 years . . . . .	..	1	1	..	..	..	..	..	..
Total .	74	100	174	5	12	17	26	17	43

VI. General Retrospect of those Discharged, Dead, and Remaining.

	Remaining			Admitted			Discharged			Dead			Remaining		
	Males	Fem.	Total	Males	Fem.	Total	Males	Fem.	Total	M.	F.	Total	Males	Fem.	Tot.
845	105	96	201	44	57	101	24	41	65	20	21	41	105	91	196
846	105	91	196	37	60	97	25	34	59	18	17	35	99	100	199
847	99	100	199	45	64	109	28	39	67	16	24	40	100	101	201
848	100	101	201	45	48	93	26	40	66	17	13	30	102	96	198
849	102	96	198	39	50	89	15	32	47	29	14	43	97	100	197
	105	96	201	210	279	489	118	186	304	100	89	189	97	100	197
Total .	690									690					
850	97	100	197	48	46	94	10	21	31	24	14	38	111	111	222
851	111	111	222	90	87	177	46	36	82	30	30	60	125	132	257
	97	100	197	138	133	271	56	57	113	54	44	98	125	132	257
Total .	468									468					

VII. Causes of Death.

	1845	1846	1847	1848	1849	Tot.
Meningitis . . .	..	..	1	..	2	3
Brain-fever . . .	..	..	1	..	1	2
Typhoid-fever . . .	1	1	2	..	2	6
Apoplexy and paralysis . . .	13	9	10	11	14	57
Cholera . . .	..	..	..	2	..	2
Diarrhœa . . .	..	2	3	2	2	9
Phthisis . . .	7	6	8	5	11	37
Dropsy . . .	4	5	3	2	3	17
Hectic fever . . .	16	10	10	8	8	52
Debility of old age . . .	..	2	2	..	..	4
Total . . .	41	35	40	30	43	189

VIII. Causes of Death in 1850 and 1851.

	1850			1851		
	Males	Fem.	Total	Males	Fem.	Total
Meningitis . . .	1	..	1	1	..	1
Brain-fever . . .	1	..	1	1	1	2
Apoplexy . . .	2	..	2	3	2	5
Intestinal inflammation . . .	..	1	1	..	..	..
Dysentery . . .	..	2	2	2	6	8
Gangrene . . .	..	..	..	2	..	2
Phthisis . . .	3	2	5	2	1	3
Dropsy . . .	2	1	3	2	1	3
Paralysis . . .	11	1	12	5	4	9
Hectic fever . . .	4	7	11	12	15	27
Total . . .	24	14	38	30	30	60



*The Pathological and Anatopathological View of Delirium, &c.  
A Report read to the Imperial Academy of Medicine, of  
France, in the Session of 8th May, 1855, by M. BOSQUET, M.D.*

Having been commissioned with MM. Ferrus and Londe, to report to you on the work of M. Moreau, (of Tours), "On delirium from a pathological and anatopathological point of view," we come, tardily perhaps, to discharge our duty; but, happily, in time to add additional claims to the author's candidature in the section of pathological anatomy. According to the custom of great reasoners, M. Moreau commences by initiating us into his intentions. He tells us first at what conclusions he wishes to arrive, in order that we may examine them more closely. He proposes to prove that, like all other diseases, insanity is a disease of the organization; and from this he infers the necessity of studying the part affected by it, as in all other cases, namely, the brain. He affirms that the alienists make it their almost exclusive study, in order to understand it more fully, and make it the particular object of their practice, in order to treat it more successfully. Thus science advances, and labour is divided. Whatever be the aim of M. Moreau, there are three distinct questions in the memoir submitted to our examination; one of words, one of principles, and one of theory.

The confused sense in which M. Moreau uses the terms delirium and insanity, is what we call a question of words. He says, "that although we are in the habit of making a verbal distinction between the two, reason sees no difference because there is no difference in the two states, or rather, the two are but one under different names." Such is, if we rightly comprehend it, M. Moreau's reasoning. It is true, and the remark has not escaped us, that most of the alienists include delirium in their definition of insanity. This is contrary to the first rules of definition, for it remains to explain that which delirium really is. It is not worthy of M. Moreau to avail himself of a sophism to support a proposition which needs clear demonstration.

It is right to say that M. Moreau carefully distinguishes between symptomatic delirium and idiopathic delirium. It is the latter, idiopathic delirium which he confounds with insanity. But he omits to say by what signs the one is known from the other. And when he would be more explicit it does not seem to us to alter the nature of the case. Of what importance after all is the initial, the point whence delirium proceeds? There are other reasons besides its origin which distinguish delirium from insanity. Why confound the two states, of which the one is most generally of short duration, whilst the other is ordinarily of long duration, and too often ends but with life; of which the one appears unexpectedly, whilst the other, prepared, elaborated in the economy, forms itself slowly, mysteriously, and appears on the most unlooked-for or insignificant occasions; two states, of which one is but a fortuitous accident, without result, whilst the other transmits itself with the blood; two states, in short, one of which is met with commonly in fever and general disturbance of the functions, whilst the other allies itself with the most perfect health? Such are, according to our notions, the principal differences between delirium and insanity; they do not reach the fundamental question which appears to us yet to be considered; they must both indeed have their cause in the organism. But whether it be essential or symptomatic, the delirium of a day can never suffice to constitute a man alunatic. M. Moreau is persuaded that by reason of disordered functions one is accustomed to consider insanity as external to the organization, he would reinstate it in its true position; this is the prevailing idea of his treatise. Do physicians then know less than the rest of the world? When speaking of an eccentric, uncontrolled man, who possesses more sense than an acknowledged imbecile, people say of him that he has a disordered brain. Truth has passed from science into the popular belief. Physicians, however, do not deny that there is something unusual, something changed in the individual who has lost the use of his reason. But in what does the exact change consist? Upon this

point we own that there is much uncertainty in science, much hesitation among those who cultivate it. Minds of excessive timidity will rather shelter themselves under observation than labour in the advanced path of M. Moreau. In respecting the reserve of the one party, we do not blame the zeal of the other. The fear of falling must never hinder from walking. By placing the mind in the pineal gland, Descartes occasioned greater researches into the encephalon than had been made since the time of Hippocrates. Certainly all learned men have not the authority of Descartes. Willis himself, of whom a king of England said, "that he had captured as many of his subjects as all his enemies together," Willis produced works not without their use. He was the first who endeavoured to distinguish between the functions of the cerebrum and the cerebellum; more vigorous methods have given more solid results, but it is not our intention to treat of them. We have here only to deal with M. Moreau and the treatise he has addressed to us. He has not been satisfied to recognize that in delirium an organ is injured, he desires to know this organ, and he names it the brain. Yes, without doubt, the brain; for, although it is known to be incapable of thought by itself, it is not less the material condition of thought. But this flaw in the working of the brain, is it always within itself, or is it sometimes in another organ? M. Moreau is of the first opinion; we are of both; we think that neither the one or the other theory includes all the facts. It is necessary to unite them to arrive at the whole truth.

The most diverse pathological states, and the most remote from the nervous centres, are able to react upon and influence the brain. In this case, insanity will be but a contingent result. This is the opinion of Jacobi the most celebrated alienist of Germany, and of M. Pariset, who would possess more authority if he had less wit (*esprit*), M. Pariset was of the same opinion. He has not published these opinions *ex cathedra* or in a dogmatic work, but he has allowed them to be plainly shewn in the tribute of praise he has bestowed upon Pinel and Esquirol. He says, these are the changes, the interior influences, the impressions of viscera which rise to the brain, beset and disorder it. And in proof of this assertion, he quotes from Van Swieten, the instance of a woman mother of eight children, who when she was enceinte of a boy was epileptic, and was not so when it was a girl. Cabanis cites lunatics who trace the origin of their state to the organs of reproduction. Who denies the influence of wine, of spirits, of opium, and of many other excitants upon the disorders of the intelligence, or that of the caprices and eccentricities which are excited by pregnancy, or the presence of worms in the intestine? Follow the analogy, and say if these examples chosen from many others on account of their artificial nature, do not authorize us to consider that the cause of insanity oftener works remotely from the organ which it disturbs, than in the organ itself. This supposition is strengthened when we consider what physiology teaches. Physiology shews us that there is in the nervous system as it were a double current, one issuing from the periphery to the centre, carrying with it the materials of sensation, the other from the centre to the periphery, transmitting the volitions of the brain and determining the movements. This fact also deserves attention, that alterations of the brain occasion paralyses more certainly than disordered intelligence.

Such are not the views of M. Moreau; with him insanity is dependent on no other pathological state than that in which he places its origin and its seat. This conviction must have been profound indeed, for it strengthens him against the evidence of the senses, so often deceived in their researches on the dead body; for although they discover that which is sought, the mind comprehends it not; what relation could he insist upon between a little redness, a little thickening or softening of the cerebral matter and these false sensations, these inconsecutive reasonings which constitute insanity? Alienists seem to believe that they would see more clearly were the cerebral functions less delicate; we are sorry to dispossess them of this comfort, but we bring them another, it is, that pathological anatomy does not throw more light upon the diseases of other organs. Apart from the drawbacks, the mechanical hindrances which they sometimes impress upon the exercise of functions, anatomical lesions do not commonly

preserve any relation appreciable to our senses, with functional lesions. Again, if these lesions, recent as they are, always exist, they do not exclude at least the idea of casualty, but they are often wanting; thus one perceives that he, who affirming positively that insanity springs from material changes of the brain, affirms what is beyond demonstration; and what is yet more strange, he argues against the spirit of his own system, which forbids him to admit anything contrary to the evidence of the senses.

All those alienists who have seriously occupied themselves with the comparison of anatomical lesions with the various forms of alienation, Pinel, Esquirol, Lélut, Georget, &c., have all of them testified to these inconsistencies and contradictions, which drew from M. Falret the exclamation: "What is most discouraging, is, that one meets with lesions of function without appreciable lesion of organ, and changes of organ without *marked* disturbance of function." The argument was conclusive; it was felt to be so; and to weaken its force, some insinuate, like M. Falret, that the lesion is not the less real although it be not perceptible; others go yet further, they say that it has ceased to exist. M. Moreau has recourse to this expedient; it is not new, but the explanation is new. The disease, he says, it is of insanity he speaks, the disease has passed into the chronic state, it is possible such modification can occur in the diseased organ as may destroy the material signs of the acute stage, while it leaves the delirium still existing.

M. Moreau infers that mental diseases, having a common origin in the brain, cannot differ very considerably in themselves; but there are better reasons for this analogy, namely, that they are constantly seen to succeed, to mingle, change, and to transform themselves into each other, so that, in the course of the disease all the forms of delirium are successively observed. And thus it happens that the most profound alienists often find much difficulty in characterizing and classifying the cases actually under their observation. They are only at home in books. There is almost always a portion of mania with partial delirium, and delirious maniacs are rarely without the predominance of one series of particular ideas. From whence M. Moreau justly concludes, that if the general terms of mania, monomania, general and partial delirium have their use in an historical point of view, they are without foundation in reality.

After these considerations upon the part which the brain plays in alienation, M. Moreau attempts to explain in what manner it is produced; and is ambitious enough to extend his enquiries to a period antecedent to birth. He had observed that all forms of insanity approximate, he now looks for analogies in the most natural functions. Is there in reality anything more natural than sleep? Without doubt it is more tranquil without dreams than with dreams; but the difference is not great, but in either case M. Moreau is not justified in assimilating it to insanity. And in truth, according to this hypothesis, we should thus lose all our reason during the night, for every one dreams, and we should recover it every morning on our awaking. The insane have not this advantage, they are mad night and day. And besides, if there is no insanity without cerebral lesion, we must then say the same thing of sleep?

M. Moreau contents himself with speaking of the *modifications* of the brain, and he cites sleep as one of the most profound: while the lesion may be lighter in insanity. In exaggerating the one, and weakening the other, he hopes to approximate the two states; but is that disease then so trifling which strips humanity of its noblest attributes and reduces man to the condition of the brute? Is it then so trifling a disorder which transmits itself from parent to child, and takes such hold of its victim that it often retains it for life? That the idea of insanity may be explained to those who have never seen a madman, it may be compared to a dream, which is allowable for the sake of explanation; but the comparison must not be pressed too far. There is in truth, so little affinity between insanity and sleep, that the former excludes the latter instead of invoking it. In general the insane sleep but little.

Deceived by appearances, M. Moreau has concluded that the internal conditions are identical. This is his mistake, his error, and the very talent which he has



shewn in attempting to reconcile them has but added to the illusion. Indeed it needs much talent to make that appear likely which is contrary to all probability. His confused ideas commence only when he would explain them. "Insanity," he says "is a mixed state, resulting from the fusion of the condition of sleep with that of waking, of the mixture of psychical phenomena relating to the state of sleep with the condition of waking." This would imply that there is no difference between those who have their reason and those who have not, although the one dreams in sleep and the other dreams awake. But is this then nothing? The confused explanation betrays the feebleness of the theory. M. Moreau has too much clearness of mind, he is too much master of language, to speak thus without having in his thoughts some obliquity which constrains and obscures his expressions. Happily, his highest reason quickly resumes its empire, and disengages itself from the fetters of the theory. Whatever efforts he has made to assimilate nervous disorders, he does not the less desire that one should separately study those of the intelligence; whatever care he has taken to place their source in the brain, he consents that they be studied alone. In reality, this rule is more easy to lay down than to impose. It cannot be doubted that the organs are admirably fitted to their uses; we see it by the organs of sense and by some others, but, in general, this wonderful adaptation escapes us; our eyes see nothing of it, for the organization which may contain the explanation of all, to us explains nothing. The excellence of Gall consisted in this, that he reasoned from the function to the organ, instead of descending from the organ to the function. One might pass one's life before a stomach, without ever finding out its use. Now, even, when its principal uses are known, what light does its structure throw upon the mysteries of digestion? And the same may be said of the brain. It certainly has a part to play in the exercise of the faculties of the understanding; but of the knowledge which we have of the function, we owe but very little to the organ.

We shall be misunderstood, if it is inferred from our words that we scorn the study of organization. Nothing is to be slighted in a science like our own. The aim of these reflections is that the present state may be observed, that all illusion may be dissipated, and to shew clearly that nothing can supplant the observation of phenomena. Pathological anatomy is not less retentive or more easy to surprise than physiological anatomy. The secret is equally guarded on one side as on the other. Physiology leads us to believe that insanity is the result of alterations in the brain. Upon the faith of physiology anatomy searches for this alteration. Sometimes it is discovered, sometimes not. When it is not found it is not the less affirmed that it exists; when it is found the difficulty is but increased, so many are its varieties. Truth appears to recede the more it is approached. M. Bayle is, perhaps, the only one who has remarked a constant coincidence between ambitious insanity and the lesion of the meninges, between this lesion and general paralysis, and this has been considered one of the greatest acquisitions of modern science.

As to the necessity of disease being in connexion with organs, who can dispute it? We are all thereupon agreed, although perhaps we have not all the same hopes. According to M. Moreau, one might believe that this is all. "Upon this important point," he says, "the physician cannot dispense with a fixed, decided opinion, be it of one sort or another. No hesitation is permitted under penalty of complete therapeutic incapacity." The menace is certainly serious. If one floats on the surface of insanity, if one does not place it in its correct place, nothing can be done for the patients. We do not see the necessity of this consequence. But does not the anathema hurled by M. Moreau recoil somewhat upon himself? To us it seems that he has not always maintained the same views. Since he has changed them, has he also changed his mode of treatment? has he repudiated the old system? has he new aims to propose? does he better regulate the patients under his care? is he more fortunate in his practice?

For ourselves, impressed by the inability of our reason to enter into all these mysteries, we permit our doubts to be seen, and express our hopes. We would by no means discourage the researches upon which M. Moreau is engaged with so much courage. Far from discouraging, we should be the first, if there is any

need of it, to urge him to perseverance, and we shall applaud his success. Every thing which tends to enlighten the mind, to ennoble the intelligence, merits encouragement; so much the more, since the science in which he is engaged has a thorough knowledge of its imperfections and its wants. M. Moreau is one of the few enterprising minds who disdain the beaten high road. He delights in exploring new regions. All his writings bear that impress of originality, which have procured for him so distinguished a position among the alienists of the present day. The Academy has already honoured him with its praises. We now propose to address to him our best thanks due to such efforts, and to return the memoir, which we have examined, to *the committee for publication*.

[In the very long and interesting discussion which took place in the academy upon this report, M. Baillarger defended his colleague with consummate ability; want of space prevents us from giving the purely controversial part of his address, but the instructive and philosophical remarks, which we append, will be perused by our readers with much interest.] M. Baillarger said,

The powerlessness of reasoning to cure insanity, does not imply the complete inutility of moral treatment. I have never entertained such an opinion. What I would object to is, not the system itself, but the exaggeration of it, which certain physicians I believe allow themselves to be led into. Because the insane cannot be convinced by syllogisms, it does not follow that they cannot be at all affected; if reasoning fails us, the emotions remain. Our best resource is the moral diversion upon which M. Leuret has written so remarkable a treatise.

The attention, as M. Garnier finely expresses it, is fatal to all false ideas, and nothing is more true, within certain limits. No one would think of denying the utility of fixing the attention by labour, by the constantly recurring impressions of a journey, and still better, by endeavouring to arouse within the patient new emotions. We must not, however, exaggerate the results which may follow these means, they can only be employed in particular cases, or in certain periods of the disorder, but their utility can neither be, nor is denied. I am aware that there is an answer to all this. It will be said, you are not able to separate the reasoning faculties from the emotions; again, there are reasonings which are known to produce upon those patients to whom they are addressed, a strong impression.

This is true, but why not own it? Why do we only speak of combating an error by reasoning, and by objections? Why compare the struggle between the physician and the patient to a dissertation on philosophy and morals? Besides, even in the most favourable conditions, where the argument produces a strong impression, one must not delude one's self. Almost all such efforts have been unsuccessful. I will here recite a novel example. M. Trélat, intrusted provisionally with the management of the Bicêtre, had under his charge a patient who believed he had discovered perpetual motion; after having vainly struggled against this delusion, the thought occurred to M. Trélat, that perhaps the great authority of Arago would have the most beneficial results in convincing his patient. Arago, *after receiving the assurance that insanity is not a contagious malady*, undertook himself to combat this idea of the insane man. The patient was admitted into his study where M. de Humboldt happened to be. Hardly had the poor madman heard from M. Arago the firm and convincing denial of his error, than he was as it were stupefied, and shed abundant tears. He deplored the loss of his illusion. The end which they had in view seemed attained; but at the distance of twenty paces from the Observatory, the patient addressed himself to the physician, saying to him, "It is all one, M. Arago deceives himself, I am in the right."

Unhappily, it is too often thus. In other cases the idea which has been renounced is replaced by another; it is the story of the hydra and its young. Moral treatment I am aware consists, not only in thus exciting at a given moment an impression more or less forcible,—it must be sustained, we must tire the patient down, importune him as it were, give him no respite until he has modified his ideas. All this is true; but the disease that yields in part, at least, to this long and obstinate struggle, is no longer that which one cures by

simple reasoning or a few words ; in fine, to see in an insane person only one who deceives himself is to assimilate insanity to an error which rules the intelligence, and of which the origin is almost always a depraved passion ; to pretend to cure the insane by simple reasoning, this is to spiritualize insanity almost without knowing it, to such a degree, that its natural denomination would be *disease of the soul*. As to the nosological question, M. Bosquet asserts that in their classification of insanity alienist physicians are only at home in their books. I have here to remark two circumstances, of which I have to regret that M. Bosquet has observed but one. These are, the classification formed to distinguish the different varieties of mental disease, and on the other hand the distinctions which have been made between the different varieties of madness (*folie*) properly so called. I believe, in the classification of mental diseases, considered generally, that science has made great progress. I limit myself to two examples. Under the name of idiotism, Pinel united three distinct diseases, which Esquirol has distinctly separated ; namely, congenital idiotcy, the extreme degree of dementia, and acute dementia, or melancholic with stupor. Esquirol, in establishing these distinctions, in reducing to order that chaos which confounded under the same denomination totally different things, has rendered a true service to science. Have these distinctions ever been contested ? is it not easy to establish them in practice ? On these questions discussion would be superfluous.

I pass to a second fact. It is now about thirty years since a new form of disease was discovered in lunatic asylums ; it was at first regarded as a complication of insanity. Georget and Esquirol thus considered, and commenced to describe it ; seeing in the general paralytic two diseases, paralysis on the one hand, and insanity on the other. At a later period M. Bayle proved that these two kinds belonged to a single disease, and general paralysis was definitely established in nosology. At the present day when an insane person is brought to us, our first care is to ascertain whether he is a paralytic or affected with simple insanity, and in the immense majority of instances, this diagnosis offers no difficulty. We have even at the Salpêtrière two distinct kinds of registers, in which these two classes of the insane are entered on their admission. Here then is a form of insanity easy to be distinguished, but which Pinel confounded with the rest. When one reflects upon what errors in the general history of insanity this confusion led to, it must be admitted that here again science has made a great advance ? M. Bosquet knows this so well that he states, and with some reason, that this is one of the most precious acquisitions of modern science. Are not these two acts sufficient to prove the injustice of the assertion, that in classification alienist physicians are only at home in their books ? I now consider M. Bosquet's true objection, an objection which I say with regret, does not appear to be well chosen, as I shall endeavour to shew. He says that a degree of insanity almost always mingles with delirium, whilst delirious lunatics are seldom without one series or more of particular ideas. He seems to believe, indeed, that the extent of delirium is the only important character of insanity ; but it is not so, and to prove this I shall quote an author whose great authority no one will deny, namely, M. Guislain. "The most general pathognomic character of insanity consists in the exaggeration, the exaltation, and agitation of the aggressive passions." He adds, that the malady generally causes petulance, force, power ; thus you will observe that delirium and its extent are not even mentioned. Esquirol also had remarked that insanity could, and very often did exist without delirium being general. To remove doubt in this respect, it will suffice to quote his answer to criticisms on the term monomania. He says, "people deny the existence of monomaniacs ; they pretend that no insane person is insane on one subject. I ask, in reply, whether even maniacs rave at all times and on all subjects ? whether all their intellectual faculties are constantly perverted ?" I would add that it is sufficient to refer to the very different modes of treatment employed against mania and partial delirium, to be convinced that the distinction between these two maladies is not so embarrassing as M. Bosquet seems to think.

The most general treatment of mania is that of prolonged baths, upon the



efficacy of which M. Ferrus reported to the academy. But how do we treat partial delirium? in this form of disease no one would think of using prolonged baths. Moral treatment would be thought specially adapted to it, and of late the influence of religion. And if physicians are not agreed upon the extent to which the last means of treatment ought to be employed in partial delirium, no one doubts their utility, but it is quite otherwise in mania. When M. Leuret speaks of moral treatment, he does not pretend to apply it to all forms of mental disease without distinction, on the contrary, he commences by excepting from that treatment the forms in which apathy, loquacity, or agitation are observed. The influence of religion also is considered to be particularly valuable in the cases of partial delirium. Can one believe then that it is so difficult to distinguish in practice two forms of disease, one of which is treated by prolonged baths, and the other by moral means? I have, however, no intention of denying the difficulty which one experiences in a variety of cases, of classifying the different kinds of insanity. These difficulties which exist in all diseases, are greater in the neuroses. The *vesania*, indeed, constitute no exception to the rule, that all types contain intermediate cases which constitute the true region of difficulty. In great part I agree with the honorable reporter on the anatomical pathological question, I have only a remark to make respecting the authors, which he has cited as seriously occupied with this question. These authors are, Pinel, Esquirol, Georget, and Lelut, with the exception of M. Lelut, I do not think that these authors should be so exclusively mentioned; not only did Pinel fail to make any pathological researches, but even that which he did do was null because he was ignorant of general paralysis. Without this new element there can only be error and confusion in the pathological anatomy of insanity. Neither in my opinion ought the labours of Esquirol, nor those of Georget to be specially worthy of notice in this respect. M. Bosquet has reserved his most keen criticisms for the comparison made between insanity and sleep; according to his view there is no affinity between these two states.

Before entering upon the discussion, I think it right to define the terms: the question is not as to whether the brain of a man who sleeps is *identically* the same as the brain of another man who is the prey of delirium, it would be as reasonable to enquire whether the conditions of complete and obstinate insomnia are the same as those of the ordinary waking state; we must admit then that the question is, not as to the identity of the organic condition existing in the two states of sleep and insanity, but only as to the extreme analogy which they present to each other, in a psychological point of view, and as to the important instruction which may be derived from the study of this analogy. I shall attempt to prove that there is more than a simple comparison to be made, and that there are intimate and strict relations between the two states. What is the principal condition of dreaming? it is the involuntary exercise of the memory and the imagination which abandoned to themselves form a thousand strange combinations in which we participate without the power of modification: it is what M. Maury has called automatic intelligence. This condition of the involuntary exercise of the faculties also exists in waking reverie, and in prolonged distractions, it is often observed in men devoted to profound meditation, and is in them the result of fatigue. For to the intelligence, independence is repose. Many celebrated men have been cited for their distractions, which have sometimes gone so far as to remove all consciousness of the external world, and to lead to the most strange conduct. Take the example of Newton seizing the hand of his affianced bride, as she sat beside him, and with a finger of that hand, which the young lady without any distrust allowed him to take, forcing the burning tobacco into his pipe. May we not say that such a person committing such an act, dreamed whilst he was awake? and that nothing less than a cry of pain was needful to arouse him from his dream. Automatism then exists during the dreams of sleep, and during the distractions and the reveries of the waking state; it will also be found as a principal condition and point of departure of delirium and insanity, for in this point of view we can establish no difference. In insanity, the involuntary exercise of the faculties presents itself under two very

different conditions; in order to comprehend them it is necessary to remember, that in the normal state we have to struggle against two contrary tendencies; sometimes we endeavour to fix a certain series of ideas to retain or compress it, as it were, for a greater or less length of time, and to put aside any other ideas that present themselves involuntarily. Sometimes on the contrary, when in consequence of passions and of the pre-occupations which they induce, our ideas tend to fix themselves, we are compelled to endeavour to remove them and to replace them by others. Mania and monomania present to us the automatic action of the faculties under these two opposed conditions. The maniac cannot fix the ideas which crowd pell mell into his brain, he is overwhelmed by them, and his impressions succeed without order or sequence; the monomaniac on the contrary, a prey to fixed ideas, is as powerless as the maniac, but in a different manner; in vain does he strive to dissipate the pre-occupation which engrosses him, it returns with an obstinacy against which his efforts are vain, the too rapid course of ideas, and their too great fixity, assuredly belong to two different states; but in each of these states there is the same loss of personal power, and the exercise of the faculties is equally involuntary.

I am aware that the way in which delirium is produced has been viewed in a different light. Esquirol has spoken much of lesions of the attention, and one may see that these ideas have been adopted by M. Flourens in his *Physiological Essay on Insanity*. I must, however, avow that I have never been able to comprehend the necessity of these lesions of the attention; they are in my opinion a pure hypothesis, and a superfluous one, since we have a satisfactory explanation of delirium. I shall endeavour to explain my meaning by a comparison.

A man carries a certain burden and carries it easily; eight days afterwards he undertakes one three times as heavy, and after a few steps he falls; to account for his fall he may have recourse to two explanations, he may attribute it to the too great weight of the burden, or he may admit that during the elapse of 8 days his strength has diminished. In speaking of lesions of the attention in insanity, people reason in my opinion as this man would do, if, forgetful of the increased weight of his burden, he attributed his fall to the diminution of his strength: it is a pure hypothesis. We are able to appreciate with certainty the resistance which we experience in directing our ideas under the influence of cerebral excitation, we perceive the increase of this resistance up to the point where it becomes delirium, that is to say to the moment when the involuntary exercise of the faculties commences. To what then is the loss of personal power to be attributed, if not to a new condition, the result of excitation? why recur to pretended lesions of attention by making an entirely gratuitous supposition? If a fever patient, who feeling that his ideas were scarcely under his controul, requested you to hold him in conversation in order to fix his attention, and to prevent them from being overwhelmed by the crowd of ideas that assail him, would it come into your mind that there was, in such a case, a lesion of attention? why then attribute to folly, that which would not be attributed to febrile delirium? In truth, the involuntary exercise of the faculties is the point of departure and the foundation of delirium, of which it is able to explain all the varieties; and it is, therefore, quite unnecessary to recur to hypotheses which explain nothing fundamentally. In endeavouring to establish the automatic action of the intelligence as the first condition of delirium and of insanity, I have also attempted to demonstrate the analogy which exists between these states and that of dreaming, since in the two cases the principal condition is the same, but, nevertheless, this automatic action does not constitute insanity; that by which the latter is especially characterized is the existence of delirious convictions, which is, indeed, the second state to be studied in dreaming and insanity. The dreamer has a fatal belief in his dream as the lunatic has in his delirium, and the manner in which this error is produced is the same in both cases.

This is the second analogy between dreaming and insanity, which it is important to indicate. The delirious conviction may, in my opinion, be explained

in both states, by the suppression of what M. Parriset calls, in relation to education, *intermediate ideas*. When a false idea presents itself suddenly to the mind other ideas immediately arise, which tend to demonstrate to us its falsity. If an impression occurs to us it is immediately attacked or favoured by a certain number of other ideas which relate to it; it is these ideas which divide conception from impulsion to act, which Parriset calls *intermediate ideas*, and it is to these ideas which are, as it were, suppressed in delirium and in insanity. The conception in dreaming and in insanity thus finding itself isolated, becomes inaccessible to all reasoning, and imposes itself fatally in consequence of the absence of all control. Thus the two principal conditions of dreaming, namely, the automatic action of the intelligence, and the suppression of *intermediate ideas*, are also found to be the principal conditions of insanity; but even these are not the only analogies I am able to point out. The state intermediate between waking and sleep has something especially curious, by which we are permitted to participate as it were, during the waking state in anticipated dreams. We are not yet asleep, we appreciate up to a certain point what passes around us, and, nevertheless, the memory and the imagination, already let loose, form those bizarre associations which we have to a certain extent the power of studying; it is at this time that the phenomena of fantastic images, so well described by German physiologists, takes place. This facile production of hallucinations in the state intermediate between sleeping and waking is another approximation between dreaming and insanity, since the same phenomenon is indeed one of the most frequent and the most important of insanity. Among the varieties of mental alienation there is one which offers so strong an analogy to dreaming, that almost all convalescents remark it. I mean melancholy with stupor. Those who have suffered from it declare that they seem to have awoke from a long sleep which has been troubled by numerous visions; they have not appreciated that which passed around them, or they have done so in the most imperfect manner; every thing has been transformed around them; they have believed themselves transported into distant regions, and they have been deprived of the consciousness of time and place. It is impossible to deny the extreme resemblance between this state and that of dreaming. And is not melancholy with stupor a kind of nightmare, prolonged during many months? I now come to a more direct proof. Delirium is pretty often only a continued dream; this is especially the case in partial delirium. I shall cite only one example.

A Greek merchant had a very old hemorrhoidal flux suppressed by improper treatment. His head soon became troubled, without, however, any trace of delirium. A singular phenomenon then presented itself, every night the patient had a dream; he dreamt that he possessed immense wealth, and that he distributed to all around him fortune and honour. The persistence of this dream struck him so forcibly that he spoke of it to the people around him; but delirium soon broke forth, characterized by the same conceptions which had been presented to him during sleep for fifteen days. The ambitious delirium was only the continuation of the dream.

If any objections are made to these facts, there are yet others of a different kind, which have such an analogy to them that they will suffice to allay all doubts. I refer to those fixed ideas which continue to exist in an isolated manner after the general delirium of typhus fever. A physician of one of our hospitals attacked by typhus in 1815, for six months entertained the belief that he possessed a country house and a white horse, neither of which had any existence except in his imagination. Do not facts of this kind offer the greatest analogy to dreams which continue during the waking state? and do they not serve to enable us to comprehend them?

To conclude, we must admit that there is between dreaming and insanity more than the simple comparison permissible to make ideas comprehended. We must admit that there are similar conditions, intimate approximations, and precious instruction to be drawn from the physiological study of delirium. I have attempted to prove that the criticisms of our honourable colleague have been too severe and too general, especially in the nosological and the physio-



pathological points of view. I have also attempted to prove that it may not be so useless as M. Bosquet appears to think, to support by argument the popular opinion which explains insanity as disorder of the brain.

M. A. B.

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*Report of a Case of Epilepsy.* By JOHN MANLEY, M.D.,  
Superintendent of Hants County Asylum.

The premonitory symptoms, the character and termination of the paroxysms, and the complications of epilepsy are matters of such importance, that I have thought the following outline of a case, now under treatment in this institution, may not be uninteresting to some of the readers of the Asylum Journal.

R. M. has been subject for the last six or seven years to epileptic fits, which have gradually increased, both in frequency and severity, to the present time. There is in his family a strong disposition to insanity, and a near relative of his is now also an inmate of this asylum. He attributes his disease to a bout of intoxication, he being usually a very temperate man; but from information obtained from his friends the probability is, that it was caused from an injury to his head, of which, however, there are now no external signs. Of the early history of his illness I know nothing, except that in consequence of his irritability and excitability of temper it was necessary to remove him from home.

For the last year he has been under my immediate observation, and the following is the record of his case. He is thirty-nine years of age, single, and of middle height. His body is well developed, his temperament bilio-nervous, his complexion rather sallow, his hair turning gray. He has a quick eye, but his features are by slow degrees assuming the expression noticed in chronic insanity. His bodily health is good, his appetite hearty, not excessive, and his bodily functions are naturally performed. He is now slightly irritable in temper, but otherwise well conducted and converses rationally, though with a tendency to exaggeration.

For the three or four days previous to the true epileptic paroxysm this patient is subject to convulsive twitchings of all the voluntary muscles, exactly resembling chorea. These first manifest themselves as slight contortions and working of the muscles of the face, especially the zygomatics and elevators of the nose and upper lip, then the muscles of the neck are affected, causing some slight difficulty in deglutition, sub-

sequently the muscles of the lower jaw, and lastly those of the trunk and extremities. These startings come on gradually, and are perfectly painless. He does not lose consciousness; and unless he bite his tongue or strike himself against any hard substance he feels no personal inconvenience from them. If the choreic spasm occur whilst he is talking, he waits until it is past, and then completes his sentence without any break in the connection of the subject. Occasionally he falls suddenly; but he attributes this to the sensation of his "breath stopping." To obviate as far as possible the risk of accident, this patient has usually been kept in a padded bedstead during the continuance of the state described.

Rarely these spasms pass off gradually, and his voluntary control is regained; but more frequently they terminate in a true epileptic attack, during which his pulse (usually under 80) mounts to 120. His face becomes livid, his pupils are dilated and sluggish, his features are greatly distorted, he foams at the mouth, and too often bites his tongue. After three or four minutes, the convulsions diminish, he falls asleep and shortly awakes, dresses himself, is quite cheerful, eats heartily, and says he feels very well.

Here then the epileptic seizure is the least distressing part of the unfortunate man's suffering; the premonitory symptoms, if they may be so called, constituting the serious inconvenience by incapacitating him for any occupation during many consecutive days.

Since his residence here he has been more or less continuously under treatment, antispasmodics, particularly sumbul, aperients, blisters, tonics, and the shower bath, have each had their trial and failed; under these circumstances, it has been recently my object to attempt to shorten the early stages of the paroxysm by hurrying on the fit. For this purpose I have had recourse to galvanism, passing a gentle continuous current through him from hand to hand. On the last application the true fit was produced in about ten minutes, and in an hour he was engaged in sweeping the ward, his usual occupation when tolerably well. He has had no recurrence of spasm since, but has enjoyed a longer interval of convalescence than he has done lately.

Cases of this kind are happily not very common; but if by any safe and painless contrivance they can be relieved from long and frequent confinements to their beds, and risks of personal injury, a great object is gained; and that galvanism is an agent likely to accomplish this desirable result appears from the instance above cited.

*St. Luke's Hospital for Lunatics.*

We have before us several papers and documents referring to this well-known hospital for the insane. Those who have paid the attention they deserve to the annual reports of the Commissioners in Lunacy will remember that, year by year, the site, the building, the internal arrangements, and the management of this institution, have been therein the subjects of censure and of earnest remonstrance, which the governors of the institution appear to have borne with remarkable equanimity, or perhaps more truly, with stolid apathy. In the earlier reports, the Commissioners put their recommendations in the mildest possible form; for instance, in June 1852, they suggest that "perhaps the governors may be disposed to consider favorably the hiring some land, &c.," but during the past year, in which they visited the hospital twice, the Commissioners speak much more decidedly, "they regret very much to find that their suggestions have not been carried out, it is painful to them to revert so often to the various defects of the institution;" "the temperature of the galleries was much below what is usual in establishments of this nature; in the male wards being as low as 33° on February 29th, 1855; the extreme coldness of the hospital, together with the entire absence of furniture, presented a very bare and cheerless appearance, the means of occupation and amusement appear to be very scanty, &c." We quote at length the report of the special inspection made by the noble Chairman of the Board, and two of the Visiting Commissioners.

"St. Luke's Hospital, 12 March, 1855.

"In pursuance of the directions of the Board, we specially visited the Hospital of St. Luke's on the 8th instant, and inspected the wards occupied by the patients.

"On this, as on former occasions, we were struck with the cheerless and dreary aspect presented both within the building and in the airing-courts.

"Few or no steps appear to have been taken to forward the recommendations made by the Commissioners in previous Reports as to out-door exercise, occupations, and the purchase of land in the vicinity of London.

"Having regard to the irremediable defects in the present building, and the many serious objections to the continued use of it for the reception of insane persons, we deem it our duty, instead of suggesting particular improvements, which could not render the present premises suitable to their object, again to urge on all who are in any way responsible for the condition of this charitable institution, to take into their consideration, without loss of time, the best means of obtaining suitable accommodation for the objects of their charge in a properly constructed building, occupying an eligible situation.

"Whilst expressing our insuperable objections to the building itself, in point both of construction and site, we think it right to state, that in consequence of the zeal and activity of the medical officers, as well as other causes, the results as respects the number of patients discharged recovered are more satisfactory



than might have been anticipated; nevertheless we entertain a confident opinion that if the labours of the medical gentlemen were carried on under more favourable circumstances, their efforts for the improvement and restoration of the inmates would be greatly more successful.

“(Signed,)

SHAFTESBURY, } Commissioners  
J. W. MYLNE, } in  
S. GASKELL, } Lunacy.”

The strong and earnest convictions expressed in the report will scarcely permit the Commissioners to suggest any further outlay of money on a building, the defects of which they denounce as irremediable. It is not generally known that the present building is not the original one; the original institution occupied a site facing what is now Worship Street, but the accommodation being insufficient, the lease was allowed to expire, and the present building was erected. In the year 1750, when the site for the present building was fixed upon, little or no attention had been paid to those laws of nature which render any locality healthy or the contrary for the habitation of man; it is not, therefore, a matter of much surprise that the site was bounded on one side by a burial ground, and on the other by a pond. If our forefathers of a hundred years ago were ignorant of those sanatory laws, which are now the object of so much medical and general study, they were not the less ignorant of the modern treatment of insanity and of its requirements. In consequence of this ignorance, the site they selected for their new institution was considerably less than two acres in extent, and in the heart of a populous neighbourhood; and the building they erected upon it was adapted to the safe detention of its inmates so exclusively, as to occasion that “cheerless and dreary aspect” which, in the present year, so forcibly struck the attention of the Commissioners. We are glad to have perused the just and reasonable apology for the founders made by the physicians in the centenary report of the institution:—

“We are glad to chronicle the benevolent feelings of those who a century ago laid the foundation of so noble a charity; and be it remembered that these same feelings have wrought great changes in our times in the condition and treatment of the poor lunatic. The hospital, no doubt, was built according to the opinions, possibly the prejudices of those times. Tradition seems to have handed down to our ancestors a monastery as the proper model for a lunatic asylum. The first that was built was at Jerusalem, by the monks of the sixth century; and the long galleries and solitary rooms of Bethlem and St Luke's seem to point to the corridors and cells of the monastery as their original type; but, however this may be, it is undoubtedly unfortunate that our ancestors had not a better model,—and it ill becomes those who possess the advantages of modern improvements to speak lightly of the efforts of those who were actuated by the same benevolent motives which have effected so much good in ameliorating the sad condition of the insane.”

From the above quoted document we also learn :—

“The present building was commenced on the 30th of July 1782 ; it was erected by voluntary contributions at an expense of about £50,000, upon leasehold ground belonging to St. Bartholomew's Hospital ; the lease is held for a term of forty years, renewable every fourteen years on payment of a fine of £200, and at the yearly rent of £200.”

We are informed that this lease provides that the building shall not be underlet, or used for any other purpose than the one for which it was constructed, on pain of forfeiture of the same ; it is also stated that the governors of St. Bartholomew's hospital refuse to grant any indulgence from these terms. Consequently if the present building is abandoned as a “hospital for lunatics” the charity will be a loser to the whole extent of the present building. In their eighth report the Commissioners, referring to the difficulties in the way of advancement in old and badly situated hospitals, and to the sums injudiciously expended in attempting their improvement, express their opinion, that “in such cases the only effectual mode of overcoming all obstacles to improvement appears to be, to abandon the old buildings and erect new buildings on an eligible site ; a course which has already been taken at Manchester and Stafford, and is about to be adopted at Nottingham.” This opinion is without doubt a sound one. The Commissioners, however, have fallen into an inaccuracy in stating that the old buildings at Stafford have been abandoned, the truth being, that at this asylum the use of the old buildings has only been transferred from patients of one class to those of another. It is certainly to be regretted that these valuable reports should contain inaccuracies of this kind. In other matters, beside those of site and accommodation, St. Luke's is woefully behind the spirit of the present age ; especially is this the case in the system of government, and until quite recently, in the duties of the officers. In the early part of 1854 Dr. Stephens, the present able and energetic superintendent of the hospital, but who was at that time styled the resident apothecary, presented to the governors an elaborate report, in which he describes with much truthfulness and force, the principal defects in the working of the institution. In this valuable document Dr. Stephens not only suggests many important modifications in the government of the hospital, but he urgently recommends many of the alterations and improvements which it is now understood that the governors have at length determined to adopt. He complains that the medical staff have no opportunity of laying the difficulties and requirements of the hospital before

the general body of governors. The medical officers only confer with the house committee, which is a section of the general committee, which is itself a section of the governors at large. This house committee is a fluctuating body undertaking the duties, which it does not discharge, for a period of five months, at the termination of which time, when it may reasonably be supposed that those members of it, who are capable of observation and conviction, are becoming impressed with the idea that the system in their institution is not absolutely perfect, they abdicate their functions and are succeeded by another small section of governors, upon whom the work of persuasion has to be commenced afresh. The task, therefore, of the medical officers, in bringing their recommendations to a practical result, has been worse than that of the man in old fable who was condemned for ever to roll a big stone up a steep hill, or of the young ladies who for the same indefinite time had to fill a leaky tub; for what stone is so heavy to move up the hill of improvement as the ponderous self-complacency of a true London hospital governor? What tub so incontinent of water, as his memory of any enlightened principles, or plans of reform?

The general committee, it appears, consists of thirty governors, of whom one half hardly ever, and one third never, attend the meetings; and in Dr. Stephens' opinion "one fundamental cause of many shortcomings at St. Luke's hospital is, that there are no governors to supply vacancies in the committee who are not prevented by age, illness, or distant residence from acting on that body." Dr. Stephens remarks:—

"It would astonish many were it affirmed, that a charity so handsomely endowed as St. Luke's Hospital, with such objects, and of such vast value to society, (as a perfectly free hospital for the insane of the middle classes undoubtedly is) it would surprise most people were it stated that such an institution were *dying of a gradual but sure atrophy for want of governors*. But such is nevertheless the case. The energetic men who first conceived and carried out the plan of its foundation, framed rules, &c."

These men kept up the interest in the institution, and imbued others with their energetic humanity so that new and valuable members were constantly added to the list of governors; but now it appears that all this is changed, and the list of governors contains very few men who take any active interest in the institution. The institution, in the forcible language of the reporter, "is dying of atrophy, for want of governors." It appears that an enormous proportion of the governors are nominees of the treasurer, who are placed on the list in the nominal capacity of executors to persons who



have bequeathed money to the funds. The London system of creating a member of the committee with the title of Treasurer, the dictator of the institution, with power to elect his own constituents, is one which has worked most mischievously, and has been at the bottom of some of the most profound and chronic abuses with which the public has been made acquainted. Dr. Stephens laments the discontinuance of the annual commemoration, which published to the community "the doings, wants, and aims of the charity," and commonly added some useful members to the list of governors. He says that, "charities without anniversaries of some kind do not succeed; their proceedings never see the light, and they are forgotten; it is remarkable how few people know even of the existence of St. Luke's hospital, and what a still smaller number are aware of its nature or value." Dr. Stephens recommends the admission of new governors in virtue of annual subscriptions, a plan which would have a beneficial effect, not only by putting new vigour into the institution, but which would also improve its resources. He also makes some useful suggestions respecting the duties of the governors. The time of the weekly committee is at present chiefly occupied with the admission of patients, the committee taking upon themselves to debate not only the means and social position of the applicants, but even the medical phases of their malady. This latter portion of their duty Dr. Stephens very reasonably recommends them to transfer to their medical officers.

Dr. Stephens in the next place undertakes the very difficult task of defending the site of the hospital. He observes very truly that its deficiencies are less felt by the patients who for the most part occupy it, than it would be by the long resident inmates of county asylums. The average residence of the patients at St. Luke's is under six months. This argument may be admitted *quanto valeat*. Its employment, however, must be looked upon as acknowledgment of weakness, for if, as Dr. Stephens admits, St. Luke's is unfit for the continued residence of incurable patients, on account of its want of cheerfulness and means of out-of-door employment and exercise, he must concede on his own showing that for the same reason it is objectionable for recent cases, the degree of objection being diminished, but not removed, by the shorter duration of their residence. To another argument urged by Dr. Stephens in favour of a central locality for the hospital, we are inclined to attach quite as much weight as he does. He maintains, that if removed even a few miles into the country the hospital would cease to be

practically available as a school for the instruction of medical students, in the nature and treatment of mental diseases. We find on reference to the centenary report before quoted, that the founders of the institution, who were certainly wise and good men in their generation, entertained very decidedly the intention of making their hospital useful as a medical school; the following is from the circular subscribed by them in 1750 :—

“ Although the only end proposed was to establish a charity for poor lunatics, in such manner that hereafter all persons who shall be found proper objects may, for the sake of the public as well as themselves, be admitted without delay, and (should our success answer our expectations) without expense also. Yet some advantages of a very interesting nature to the good of all mankind certainly will arise in consequence of it; for more gentlemen of the faculty making this branch of physic their particular care and study, it may from thence reasonably be expected that the cure of this dreadful disease will hereafter be rendered more certain and expeditious, as well as less expensive. And from the many improvements already made in other arts and sciences, as well as in the several parts of physic, the same may with reason be concluded in the present instance.”

Not one of the several large asylums in the *vicinity* of London is practically available as a school of mental disease. The governing bodies of these institutions provide for the discharge of the necessary medical duties in so narrow and parsimonious a spirit, that it would, indeed, be absurd to expect that the over-worked and underpaid medical officers could find either leisure or energy to instruct medical students in their difficult specialty. But even were it otherwise, the distance from town of Hanwell or Colney Hatch would prevent their being really available in the true sense of schools; even the admirable lectures delivered in past years by Dr. Conolly at Hanwell, were unable to make that institution rank as a school of mental disease. The cause of the failure is distance, the time of the industrious medical student is so precious that he cannot afford enough of it to pursue a branch of science even a few miles into the country. But if this argument is allowed to have any weight, it can only be upon the condition that St. Luke's, in its present locality, is of great value to the medical profession as an accessory to the medical schools of London. We believe that of late years it has proved itself to be such.

Dr. Stephens' suggestions to the governors of alterations and improvements which he desires to see carried out in the wards are sound and judicious. They comprise the proper warming of the galleries by means of stove fire-places, the partition of the galleries into compartments of convenient size, the papering and decoration of the walls, the introduction of large side windows in recesses formed by the

appropriation of three single sleeping rooms in each gallery, the enlargement of the wash-house and laundry in order to enable the clothing of the servants to be washed elsewhere than in the bath rooms of the patients, and many other important improvements which, we are informed, are at the present time being actively carried into effect. Externally to the building he advocates an extension of the airing courts by the acquisition of the neighbouring alms-houses and the burying ground, "and by the purchase of the site and filling in of the Peerless pool;" he also strongly urges "the foundation of a branch establishment at some short distance in the country," a method of ameliorating the condition of the patients, which has been so earnestly pressed upon the attention of the governors by the Commissioners in Lunacy.

Dr. Stephens' observations on the internal management of the hospital at once initiate us into the mystery of its shortcomings. The hidden cause is found to be the same which has operated with such mischievous effect at Bethlem, the Norfolk asylum, and in other institutions, in which conflicting and incompatible authorities have made the little domestic government "a kingdom divided against itself;" we quote Dr. Stephens' own statement of the case.

"The only rational plan for the internal government of a large charity was adopted at St Luke's Hospital at the period of its foundation.

"It consisted shortly in placing the whole and paramount authority in the hands of one person, thus ensuring a UNITY and HARMONY of working. To this Head or so-called Master was delegated the power of organizing and controlling the subordinates, and doubtless the plan worked well.

"But as time wore on changes were called for, and modifications of this kind of government were effected. Popular feeling was roused on the subject of the care of the poor lunatic. Medical science and humanity supplanted brute force in the treatment of insanity, and the resident medical officer (or apothecary at St. Luke's) had increased responsibilities, and was gradually endowed with somewhat increased authority. But the other, the original authority, was not diminished *pari passu*, the name was altered to steward. Fresh rules were enacted, *but never put in force*. His pomp and circumstances, his accommodation remained the same, he being settled in comfortable quarters with his family, became the comparatively permanent officer. While the medical officer, loaded with anxieties, with duties that no one man could conscientiously perform, isolated from friends, uncomfortable to a degree, with an authority doubted even in the house, was not long resident before he found a more genial field for his services. And so the appointment has been made a stepping stone, and a convenience, rather than a field for research requiring long, diligent, and uninterrupted cultivation, the labour becoming yearly more valuable to his unfortunate patients and to science."

Since the above was written the governors have wisely promoted their energetic resident apothecary to the rank of medical superintendent; but they have allowed the position of the steward to remain very much in *statu quo*, and as they have never yet had the courage to enforce upon him



their own rules, he and his wife, who is the matron, with his grown up family, remain in possession of the field. A difficulty of exactly similar kind was experienced when Bethlem was reformed. In that institution, the long existing usurpation of the steward presented an insurmountable barrier to the march of reform; but like the Emperor Ferdinand, and other great potentates, he wisely determined to yield up the reins of government and he retired upon the moderate pension of £400 a year. The fact that in the metropolitan hospitals and asylums so strong a tendency prevails to place the steward in the false and mischievous position, which, with one or two exceptions, he has never been allowed to occupy in county asylums, is easily to be accounted for. The asylums are not only legally, but actually under the control of the visiting justices acting as a committee, each member of which forms his individual opinion, and votes in accordance with it. The actual power is vested and exercised by a majority in the body of governors. In the metropolitan hospitals the case has been widely different, their treasurer has occupied a position quite distinct from that of a chairman of visiting justices. The asylum chairman has no privilege except that of a casting vote, he is elected principally for the convenient despatch of business; but the treasurer of the London hospitals exercises a much greater degree of authority, he in fact rules the governors and the institution; his authority is not altogether legal nor quite usurped, and he is not the less tenacious of it because it may possibly be called into question; he finds a steward acting as, what Dr. Stephens terms, "*major domo*" to be a far more convenient instrument of his authority, than a medical superintendent, or a resident physician. The latter are well educated, or at least professional men, and far more likely to entertain and to maintain opinions of their own than a non-professional officer, who has often been raised to his responsible position from a lower social grade, a sergeant perhaps in the army, a keeper in a lunatic asylum, or the master of an union workhouse. Such a man will go great lengths to retain the favour of the omnipotent treasurer, and to preserve his own appointment, for if he loses that he loses everything; while the medical officer is more independent and consequently less compliant. He cannot but feel in many instances that if he retires into private professional life, his emoluments will be greater and his anxieties less, than if he continued in the turmoil of an ill-managed asylum.

With regard to the office of matron, Dr. Stephens observes that, "there can be but little doubt that this office is *the*

great difficulty in the organization of any charity in which the matron is not the superior and almost the paramount official." The difficulty appears to be so great at St. Luke's that he proposes to place the duties of the matron "in commission," dividing them between the head female attendant, the head cook, and the laundress. By such an arrangement each person would know what their duties were, a source of discord would be removed, and the various duties of the establishment would be more effectually performed. The duties of the matron are so heterogeneous that it is most difficult to ensure their performance. If it be necessary to place the female attendants under the supervision of a female official, this object will be more certainly attained by the appointment of a suitable head attendant or ward mistress, than by continuing the office of matron. The former will always be in the wards actively superintending the duties of the other attendants, and giving her whole time, attention, and solicitude to promote the well-being of the patients. The matron, on the other hand, sweeps through the wards with a great deal more of pageantry and stateliness, than of practical utility to the inmates. Her presence in the wards is an event which, if she be neither ill-tempered or interfering, may possibly do some good, by relieving the monotony of the scene. But when emergencies and difficulties occur, the absence of the matron may be depended upon. She will either be in the kitchen or the laundry, or entertaining her friends, or taking her siesta, or heaven knows where!

We are not disposed altogether to agree with Dr. Stephens in his objections to matrons who are never to be found when a fracas or difficulties occur in the wards. We feel rather disposed to object to matrons who are never to be found except under such circumstances, whose advent, like Mother Cary's chickens, is the sure forerunner of storm and tempest, whose peculiar mission it appears to be to set everyone by the ears. Such matrons, if such there be, would seem to us really objectionable. The beau—or, more correctly speaking—the belle-ideal of a matron is a lady, fair, fat, and forty, with a sweet voice and an angelic temper, and a natural inaptitude to take trouble about any body or any thing. As drum majors are chosen by stature, we would advise that matrons should be chosen by weight; only a very fat little woman ought to have the preference over a heavier candidate of larger size.

But we must curtail our observations, or our readers will begin to think that we are guilty of jesting on serious subjects.

We are fully aware that in many instances the duties of this office have been discharged in such a manner as greatly to promote the comfort and happiness of every inmate of the asylum, and to lighten the cares and responsibilities of the medical officers; but in these instances the matron has been the wife of the superintendent. When this is the case, the office often becomes so useful and important as to redeem it in some degree from the odium attached to it by its frequent bad working under different circumstances. We wish, however, that the term matron, which has become objectionable and almost offensive, could be changed for some other. Many ladies who would delight in the duties of mistress of a household, and who would not shrink even from the duties of a nurse, which have lately been hallowed by such glorious examples in our military hospitals, would recoil with affright at the very name of matron.

The remainder of Dr. Stephens' report refers to the number and management of the attendants, and will not particularly interest our readers.

A short and more recent report to the governors of St. Luke's by the medical officers conjointly, we append at length.

*"A Report from the Medical Officers on Improvements required in St. Luke's Hospital."*

"As the Medical Officers of St. Luke's Hospital we beg to urge on the attention of the Governors the necessity which exists for the immediate adoption of the following alterations and improvements, in order to give to the Hospital that degree of cheerfulness and comfort, and means of classifying the patients, which is now esteemed requisite in all institutions established for the treatment of insanity.

"I. Sixteen more beds are required on the female side.

To effect this object we recommend, that the three rooms in the attic be fitted with sixteen iron bedsteads, with a horsehair mattress and sufficient bedding to each, four chests of drawers containing four drawers each, four double washstands, and four looking glasses. In each room a piece of carpet should be laid down, the walls should be plastered and painted or papered, and any improvement which is practicable made in the present windows. Fifteen of the better class of boarders with one attendant should be placed in these rooms, and some of these patients should be allowed to possess the key of their own drawer.

"II. A general dining hall for the patients' meals is required, in order to ensure cleanliness, order, and comfort in the galleries.

"We therefore recommend, that the saloon in the attics on each side be fitted with deal tables and with forms with backs to them, to be arranged according to the plan accompanying this Report.

"By this means all the patients can be accommodated on each side for breakfast, dinner, and tea. To ensure sufficient warmth in the cold seasons, a large stove should be placed in each saloon with its flue piercing the stacks of chimnies at present existing there.

"N.B. The officers of the hospital have well considered the relative advantages of different places in the building for the dining hall, and have come to the conclusion that the saloons spoken of above are the best.



"III. Sufficient warmth and ventilation are required in the galleries and sitting rooms.

"To effect this object, the stoves already fitted upon the female side seem well suited, if only the currents of cold air which pour in from without were stopped, by making the present windows fit tightly, by fixing swinging glazed sashes over the doors of the various sleeping rooms, and by placing doors at the head of the staircases leading into the wards.

"IV. Classification is required.

"For this purpose each gallery should be divided into two parts; the partition should be placed at the end of the main gallery short of the present dining rooms; one half should be allotted to the tractable, and the other half to the intractable patients, and in order to ensure a sitting room and cheerful look-out on the inner side of this partition, a recess should be made by the removal of the partition walls of the three sleeping rooms opposite the central fireplace, and three windows should be made in this recess looking out into Old Street, corresponding with the windows in the dining rooms. We would add that when this classification is carried out, an additional attendant will be required in the galleries, and we would earnestly recommend that two mechanic-attendants should be provided for the male side in order to ensure proper employment for the male convalescents.

"N.B. The alterations proposed in the windows above mentioned will harmonize with the external architecture of the hospital, and will add much to its cheerful aspect.

"V. The galleries, sitting rooms, and sleeping rooms should be sufficiently furnished.

"To this end the furniture already purchased will go some way, but it must be remembered that the number of settees already purchased is only sufficient for the female side, and the chairs and tables are only sufficient for one female gallery. We therefore advise the immediate purchase of the full complement of chairs, tables, and settees.

"For each ward two substantial bookcases filled with books, and a catalogue of the books, two aviaries and some flower stands, with a piano and bagatelle board in each gallery on the female side, and a billiard table in each gallery on the male side. A carpet should be laid down in each sitting room, the deal tables should have mahogany-coloured covers, chairs should be substituted for the forms, except when they are fitted against the walls, the unsightly guards in the present sitting rooms should be removed and lighter ones substituted; the walls of the sitting rooms should be plastered and painted or papered, and engravings hung about the walls of the galleries and sitting rooms, a locker and piece of carpet should be placed in some of the sleeping rooms and a broad piece of cocoa-nut matting laid along the centre of the galleries.

"VI. We should be glad to see means provided by which the patients may enjoy greater opportunities of religious aid and consolation than they at present possess.

"VII. We would advise the following alterations as regards the attendants.

"1. That their wages be graduated.

"2. That each side of the hospital should have a recognized head-attendant.

"3. That the attendants should bear the proportion of one to ten patients as a minimum number.

"4. That the attendants' washing be done for them in the laundry.

"5. That the male attendants should have a decent uniform dress, not a livery.

"6. That they should cease to wear chains to suspend their keys.

"7. That the attendants be provided with a complete code of rules.

"8. That the present system of night-watching on the female side be continued, and a similar mode adopted on the male side.

"9. That the attendants should be completely boarded in the hospital.

"10. That the head attendant in each ward be held responsible for the patients' clothing, but some patients should be allowed the management of their own clothing, when it can be safely entrusted to them.

"11. That the attendants should be informed that the rooms hitherto called *their rooms*, are henceforth devoted to the patients' use.

"VIII. We would advise the following alterations in regard to the patients:

"1. That some of the boarders be allowed a leave of absence occasionally for one month, that they spend this time with their friends and thus enjoy a change of scene and an opportunity of proving their fitness for leaving the hospital.

"2. That some of the boarders be permitted to go to their friends occasionally for one days' holiday, their friends being able and willing to receive them.

"3. That some of the boarders be occasionally permitted to go to places of amusement with an attendant.

"IX. As regards hospital arrangements we think it advisable—

"1. That the ordinary laundry should be separated from the foul laundry, and that an especial laundress should be appointed for the latter.

"2. That all work of repairing, &c., should be done by servants of the hospital, and regular accounts kept of their work.

"3. That the joints at dinner time should be carved in the dining rooms, and not in the kitchen; that white metal forks should be procured, and cups and saucers instead of basons.

"4. That the wall immediately in the rear of the hospital should be removed at once in order to enlarge the grounds and lighten the lower galleries.

"5. That the locks and keys should be rendered more uniform throughout the hospital, and that shades and globes be procured for the gas burners.

"6. That some amount of clothing should be provided by the hospital for urgent cases, and that the friends of patients should be allowed to purchase their clothing at a fixed amount.

"7. That the balls every fortnight should be placed on a more regular and satisfactory footing."

"8. That four daily newspapers (second day's edition) be purchased expressly for the patients."

"Lastly, we beg to observe that we have purposely omitted in this report all those alterations and improvements which we esteem to be necessary in regard to the enlargement of the airing grounds, the decoration of the external walls of the hospital, the gradual modernising of the windows, the stuccoing and painting or papering of the galleries, and the removal of the boarders to a branch country establishment, because we understand that we are on the present occasion requested to confine our observations to those matters which require more immediate attention, and which are of a comparatively more practicable character.

(Signed)

A. J. SUTHERLAND, M.D., *Oxon.*

H. MOORE, M.D., *Oxon*

HENRY STEVENS, M.B., *Lond.*"

"March 30th, 1855."

If these improvements are carried out there can be little doubt that St. Luke's will become a very different place to what it ever has been; and that under the indefatigable and skilful medical staff which it possesses, it may, in spite of the disadvantages of site and construction, remain a most useful institution for the gratuitous treatment of acute cases of insanity. We most fully concur in the report of the Commissioners in Lunacy as to the very objectionable site, and the irremediable defects of the building. The governors have replied to this report by a resolution, (dated 27th April), which in our opinion does them little credit. They sneer at the "ever-changing notions on the subject" of asylum construction, forgetful that if notions have been changing, the change has

ever been in advance, while they have been contented to remain in the state of primitive incompleteness. These gentlemen who object so strongly to ever-changing notions should light their dining-rooms with torches and strew rushes on the floor. They ought never to have introduced gas into their own houses or into the galleries of St. Luke's, for electric lights are talked about, and notions are ever changing on the subject. They ought always to walk or to ride on horse-back, for wheel carriages are an innovation, and notions are always changing on the subject. Coaches have been followed by railroads, and no one knows how we shall travel next. How do these gentlemen reconcile it to their consciences to permit scientific changes in the treatment of the patients? for notions are always changing on this subject also; and, to be consistent, the governors of St. Luke's should keep their patients in chains until changes in medical treatment have ceased. These gentlemen ought to emigrate from this country of change to China or Japan, where nothing is allowed to change, not even the weather!

The only objection urged by the governors which appears to us to possess the slightest weight or validity is their alleged want of funds; they lead us to infer that the funds of the institution are quite inadequate to meet the expenses which would be entailed by a change of locality. They have, however, shewn so great a reluctance to adopt the practicable suggestions of the Commissioners, that they have convicted themselves of being very incompetent judges of that which is practicable and that which is not so. The physicians' report is able, temperate, and candid, they neither attempt to disguise or to palliate the deficiencies under which their institution labors, their only plea is the very just and the very honourable one, that by devoting their attention to those means of treatment which are within their power, they have endeavoured to supply the deficiencies of those which they were unable to employ, the result has been so successful that they point to it with just pride.

During the year, 7668 prescriptions have been made up in the laboratory of the hospital, the daily average number of patients under medical treatment being 88. The result of this has been, that 48 male patients have been admitted, and 31 have been discharged cured; 148 female patients have been admitted, and 80 have been discharged cured. The whole per centage of cures to admissions being 71, which is greater than in any previous year, except in 1851, when the per centage was 74.01. The average residence of the patients



is less than six months. When Dr. Sutherland and Dr. Monro can point to so high a percentage of cures as the above, effected under all the local disadvantages under which St. Luke's labours, they may well enquire whether the importance of the medical treatment of insanity has not been greatly under-rated. The readers of this Journal well know that our opinions on this subject are in complete accordance with those of these able and eminent physicians. We have on many occasions earnestly expressed our regret that questions affecting the convenience and comfort of the inmates of asylums have so exclusively occupied the attention of commissioners, visitors, and of a considerable section of superintendents, that at length insanity is officially looked upon almost as a social condition, in forgetfulness that it is a disease curable by medical skill.

In discussing the most feasible and the best alterations for St. Luke's, the fact should not be lost sight of, that in this institution the maintenance, care, and treatment of the patients is an absolute gift. If this free bounty of a company of charitable men is of such a kind that an unusually large proportion of its recipients obtain from it the greatest possible amount of benefit, in their complete restoration to mental health, it must be admitted, that an over-scrupulous and exacting regard to the manner in which it is dispensed is neither gracious nor reasonable. There can be no doubt, however, that in every department, except that of medical treatment, St. Luke's has been quite in the rear of English asylums,—an “arry garder” as the north folks say.

Brighter days are now dawning. The institution has ever been remarkably fortunate in its medical staff; but at no previous time has it possessed a staff so unanimously and anxiously desirous as the present one to improve it to the utmost extent of its finances and its capabilities. If the governors would carry out speedily and effectually the recommendations of their medical officers; if, more especially, they would at once establish in the green fields, a colony or off-set from the parent institution, the censure of judicious men would soon be converted into approbation and encouragement.

But the fundamental reform requisite at St. Luke's does not appear to us to be one of bricks and mortar, or even of locality. The only reform which can provide a sure basis of future prosperity, is one of government. So long as the government of St. Luke's is effete in system and in person, all other reforms must be superficial and uncertain. When the governors of St. Luke's depute the management of their

institution to a committee of intelligent and earnest men, under the presidency of a chairman, and rarely changing its members, then, and not till then, will the public have just reason to expect that the full capabilities of this noble charity will be developed.

J. C. B.

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*The Diagnosis of Insanity*, by JOHN CHARLES BUCKNILL, M.D., &c.

No class of diseases with which man is afflicted are so various in their manifestations as those known under the general term of insanity. No diseases present such an infinite variety of light and shade belonging to their own nature, or to their intermixture with other maladies, or to the influence of temperament, of individual peculiarities of habit, or of social position; and therefore the diagnosis of no other class of diseases taxes nearly so much the ingenuity and the patience of the physician. The Diagnosis of almost all other diseases depends principally upon weighing the evidence afforded by physical signs and symptoms, upon evidence addressed to the senses; but in mental disease, it is for the most part dependent upon evidence which is cognizable by the intellect alone, and upon data which the senses furnish to us only at second hand. The physician is compelled to bring to this investigation, not only a knowledge of those functions which are subservient to the vegetative and animal life of the individual, but also a clear and analytical conception of those which collectively constitute mind. He must not only be a physician, but a metaphysician; not indeed in the almost opprobrious sense of the term, but in that better sense which designates a lover of truth, seeking to ascertain not the essence of mind or any other unattainable abstraction, but the laws of mind which are as regular as any other natural laws, and the knowledge of which offers to philosophy a wholesome and legitimate object of research.

It may perhaps be thought needful and right that I should commence a paper on the diagnosis of a disease by a definition or succinct description of the disease itself. I do not, however, think it necessary to commence by imposing

upon myself a shackle of this kind. Insanity, indeed, is so general a term, that an unexceptionable definition of it appears to be scarcely possible.\* I have never yet seen a definition which could not be torn to pieces with very little effort. I shall therefore call that insanity which all people understand by the term; whose nature and properties, however, may be sought for at large in the following pages.

I have an excellent example for such a proceeding afforded me by the excellent Mr. Tristram Shandy.

"Twill come out, of itself, by and bye.—All I contend for is, that I am not obliged to set out with a definition of what love is; and so long as I can go on with my story intelligibly, with the help of the word itself, without any other idea to it than *what I have in common with the rest of the world*, why should I differ from it a moment before the time? When I can get on no further,—and find myself entangled on all sides of this mystic labyrinth,—my opinion will then come in, in course,—and lead me out."

The Diagnosis of Insanity presents itself to the physician either in a purely medical or a medico-legal point of view. When the question is of the former character, upon the answer which is given depends not only the kind of medical treatment, as in other diseases, but the enjoyment or the loss of the patient's liberty; inasmuch as the fact of insanity having been once established, in the great majority of instances, the patient is not merely placed under treatment as in an ordinary disease, but "detained under care and treatment" with loss of personal freedom, and unfortunately also with a certain amount of unjust opprobrium attaching to himself and his relations.

When the question is a medico-legal one, it may occur either in civil suits and proceedings, or in criminal trials. In the former case the distribution of property to a vast amount, the validity of wills, of purchases, and of other social and commercial acts, often depend upon the decision of the physician; and in criminal trials the issue of the question is the awful one, whether a human life shall be sacrificed with violence and ignominy, or saved by establishing the plea of insanity.

Whether the question be purely medical or medico-legal in its bearings and apparent consequences, the grounds of

\* I have given a definition of insanity in my Essay on *Unsoundness of Mind in relation to Criminal Acts*, which Mr. Thomson in the *Oxford Essays* has pronounced to be the best yet given. I am, however, aware, that it is not complete, and by no means unassailable.



the Diagnosis must be the same. For although in criminal trials the nature of the crime itself, and the manner in which it has been effected, must often be allowed to have no inconsiderable weight in the formation of the judgment, yet, these circumstances are essentially no other than a part of the conduct of the patient, and the conduct must be carefully estimated even when the question is most purely medical. But while it is necessary clearly to understand that the principles of Diagnosis are the same whatever may be the object for which the diagnosis is required, it will be found practically convenient to consider its difficulties separately, as they occur in the different ways above alluded to.

I shall therefore, in the first place, treat the question as it presents itself to a medical man called to see a patient labouring under symptoms which have caused alarm and anxiety to his friends, who are desirous to ensure his and their own safety, to provide without delay the treatment which affords the best promise of recovery, and above all things to have the momentous question decided for them, of confinement in an asylum, or of treatment at home. In the second place, I shall endeavour to lay down rules for distinguishing the different forms of insanity from each other, and from those *neuroses* for which it is possible they may be mistaken. And in the third place, I shall treat of the diagnosis of sound and unsound mind, in relation first, to civil capacity, and secondly, to responsibility for criminal actions.

When a medical man is called to see a patient whose conduct has excited suspicions of insanity, before he proceeds to personal interrogation and examination, he will act wisely in making himself as thoroughly acquainted as he possibly can with the antecedents and the history of the patient. He will naturally expect to be instructed on these subjects with fulness and candour by the near relations of the patient, but in this expectation he will repeatedly meet with disappointment. The systematic manner in which members of families, often deeply tainted with insanity, attempt to deceive both themselves and every one else, throws no small difficulty in the way of the medical man. The dread of insanity in many families of this kind is so great, as to constitute in itself a morbid feeling sufficiently strong to mislead the observation, to warp the judgment, and to occasion sins of concealment and of untruthfulness towards those who have a right to expect and to demand the fullest

and most explicit confidence. The great pertinacity with which members of insane families will often deny the slightest hereditary taint of insanity, even to a medical man called in to treat a patient labouring under the disease, would scarcely be credited, were it not a matter of no infrequent experience. Much of this may, no doubt, be attributed to the sense of shame and disgrace which has most unrighteously been attributed to those afflicted with mental disease. But a great proportion of it must be attributed to the unhappy fact, that all the members of such families, even while they retain the full possession of their mental sanity, are not unfrequently peculiar, strange, eccentric, unaccountable, and by no means to be depended upon in affairs requiring the exercise of sound sense, good temper, and self-denial. In such a family the medical man, whose professional assistance has been solicited on account of marked and obvious mental symptoms of one member of it, will often find himself surrounded by relatives of the patient from whom he can derive little information which is unbiassed and trustworthy. He will often find the household divided against itself, one portion of it extenuating and palliating the conduct of the patient, the other exaggerating and attributing it to the worst motives. Under such circumstances the medical man had better take things as he finds them, and listen to all parties with patience. He will be able to arrive at conclusions the more readily that he avoids cross examination, and all appearance of participation in the family feud. If he cannot obtain information upon which he can rely from the immediate relatives of the patient, he will do well to make inquiries with prudence and caution of friends and neighbours, whose evidence will often be more truthful, as it is the less subject to the bias of feeling. In this manner the physician will be able to satisfy himself as to the existence or not of hereditary predisposition, and of previous attacks, two points of the utmost diagnostic importance; perhaps not less so than that of hæmoptysis in the diagnosis of consumption. The degree of hereditary taint may also to a certain extent be ascertained and estimated. Thus the insanity of one parent would indicate a less degree of predisposition than that of a parent and an uncle, and still less than that of a parent and of a grandparent, or of two parents. The insanity of a parent and a grandparent, with an uncle or aunt in the same line, may be held to indicate even stronger predisposition than the insa-

nity of both parents. The influence of the insanity of parents in creating a predisposition will depend to a great extent, upon whether it has taken place before or after the state of parentage commenced. The insanity of a parent, produced after the birth of a child, if it arose from a cause adequate to excite it, without previous predisposition, would of course be held as of no value in the formation of hereditary tendency. The insanity of brothers or sisters may be of much or of little value as evidence of predisposition, according to the circumstances under which it has shewn itself. If several of them, both older and younger than the patient, have become insane, the fact tells strongly in favour of predisposition, although neither parent nor grandparent may have been lunatic; since it is well known that other conditions in the parent besides that of actual insanity may create this predisposition; for instance, violent and habitual passion, the debility of old age, and most of all, habits of intemperance at the time of procreation. The insanity of cousins cannot be said to be worth anything as evidence of predisposition, except in corroboration of nearer and weightier facts.

It will thus be seen that the evidence of hereditary predisposition may be of such a character as to render the insanity of the patient an event in the highest degree probable; or on the other hand, it may be so weak as to add a scarcely appreciable amount of probability to the character of the disease.

The value which ought to be attached to evidence of previous attacks of insanity is considerable, since few diseases more frequently recur than those which affect the mental functions of the brain. A slight and transient attack, however, respecting the real nature of which there may have been some differences of opinion, will be of very different import, to a prolonged attack of decided character. Moreover the greater the length of time which has elapsed since any previous attack has been recovered from, the less will be the value of it as an indication of the nature of the present disorder.

Besides these two important points of hereditary predisposition, and of previous attack, the physician must inform himself respecting the habits, the character, and the disposition of the patient. In doing so he must bear in mind that they will influence his judgment in three ways. In the first place, they will enable him to form an opinion as to the kind of man which the patient has been when in health, and as to the greater probability of his becoming the subject



of mental disease, or of some other disorder, as for instance, a chronic attack of drunkenness, or if a woman, of hysteria. The disposition and character when in health, would be of considerable value as evidence, if the physician could know it from personal observation ; but descriptions can scarcely be given with a sufficient lucidity to render any opinion formed upon them of equal importance. An alienist physician of judgment and experience would be able to point out in the circle of society with which he is acquainted, nearly all the men who are very likely to become insane ; but were he imprudent enough to make known this invidious prescience it, it would be found that his judgment differed widely from the opinions on this subject which are current in the world. It would be found for instance, that his prophecy would not often rest upon those men who are called eccentric. Eccentricity more frequently depends upon a disregard of public opinion in trifling and non-essential matters, than upon any twist or perversion in the mind of the individual. The eccentric man is often a large hearted and a courageous man, and as such, one of the last to become insane. The ominous forethought of the physician would rather rest upon the man over-susceptible concerning the good opinion which others may entertain of him ; the suspicious and timorous man who hears scandal before it is spoken, and apprehends the commencement of every possible mischief ; the man who has not in the bottom of his heart a sincere liking for his fellow creatures, but who is querulous and contentious, and who perpetually finds himself in discord with the world. This is the type of man whom predisposing and exciting causes are most likely to plunge into insanity.

In the second place, these enquiries will enable the physician to compare the present behaviour and habits of his patient with those which were his when in a state of health ; to contrast him, as it were, with his former self, a proceeding which often affords a most satisfactory evidence of morbid change. It must be borne in mind, that in insanity the natural character of the patient is either changed or exaggerated. When simple exaggeration has taken place, when a man who has all his life been intemperate, or passionate, or gloomy, has merely become more intemperate, outrageous, or desponding, the change will have been in all probability unobserved for a much longer period than when an actual alteration of character has taken place ; and even when observed, this exaggeration of natural character is less

readily attributed by friends and relatives to the effects of insanity, than in the other case. The physician will therefore find it more difficult to obtain satisfactory evidence of the influence of mental disease, when it only exaggerates the natural character, than when it changes it. And when he is able to obtain such evidence he will very frequently find that the disease has already been of long standing. An unhappy circumstance, attributable to the insidious manner in which it progresses when it takes this form. When on the other hand the natural character of the patient undergoes a change, the event is generally too remarkable to escape early observation. When, for instance, the man of sober and steady habits becomes intemperate and dissipated ; when the prudent and careful man suddenly becomes rash, speculative, and extravagant ; when the moral and religious man enters into courses of dissolute and shameless impropriety ; when the carefully nurtured and modest female demeans herself in a bold, forward, and indecent manner ; the contrast is so great that it arrests the attention at an early period, and seldom fails to satisfy the friends of the patient that it is occasioned by disease.

At first sight the two ways in which insanity announces itself by its influence on the character appear to be essentially different. On a nearer view, however, it will perhaps be found that the difference is more apparent than real, and that in those cases where the greatest alteration of character seems to take place, the real effect of the disease has not been to develope that which did not exist before, but merely to remove the checks and restraints which have kept it in subjection. A passionate or dissipated man merely becomes more passionate or dissipated under the excitement of incipient mania ; just as he would become so for a time under the excitement of intoxication ; his natural character is not under control, and therefore excitement removes no restraint. But it is otherwise with persons whose natural propensities are restrained by moral and religious principles. There is a latent devil in the heart of the best of men, and when the restraints of religious feeling, of prudence and self-esteem are weakened or removed by the operation of mental disease, the fiend breaks loose, and the whole character of the man seems to undergo a sudden and complete transformation. Every medical man has observed the extraordinary amount of obscenity in thought and language which breaks forth from the most modest and well nurtured woman under the influence of puerperal mania. And although

it may be courteous and politic to join in the wonder of those around, that such impurities could ever enter such a mind, and while he repudiates Pope's slander, that "every woman is at heart a rake," he will nevertheless acknowledge that religious and moral principles alone give strength to the female mind, and that when these are weakened or removed by disease the subterranean fires become active and the crater gives forth smoke and flame.

In estimating exaggerations or alterations of character, the physician must be careful to make allowance for those which take place naturally and in healthy minds. It by no means follows, because a person has become "a changed man," that he must therefore be an insane man. The nature of the change must be estimated with careful reference to its apparent cause and character. For instance, if in the midst of prosperity and domestic happiness, a man underwent a change from a joyous and lively disposition to one of gloom and wretchedness, without any other apparent cause than the influence of predisposition to insanity, the change would justly be held to be one of most serious and ominous import. But if predisposition did not exist, and if domestic afflictions or heavy losses afforded a reasonable cause, such a change might take place without exciting the slightest alarm on the score of impending insanity. Great changes often do take place in the character of individuals and in their habits of life, without the slightest suspicion of insanity. For instance, when a dissipated and reckless young man is brought under the influence of strong religious convictions, the external manifestations of his character undergo a complete change. On the other hand, a youth who has been brought up in the strict observance of a rigid religious discipline, without appreciating the principles upon which it is founded; when the repressive influence of parental or other authority is removed, he may undergo an unfavorable change of character, and become thoroughly dissipated, without much fear of mental disorder.

In the exaggeration of character also, the natural influence of circumstance must be allowed to have its due weight. Thus particular callings and professions have a strong tendency to develop particular characteristics. If, for instance, a clergyman acquired arbitrary and dictatorial habits, or a physician became particularly intemperate and jovial, such developments of character would have a very different significance to that which would attach to them, if the first had occurred in a sea-captain, and the last in a boniface.



One caution is necessary in estimating sudden and remarkable changes of character, namely, to be on guard against the vagaries of hysteria. The hysteric temperament in either sex often produces the most extraordinary changes in apparent character; but they are changes in appearance only, and the versatile subject of them, who is "everything by starts and nothing long," remains essentially the same tickle, superficial, deceptive being, under all phases of character.

In the third place, a careful enquiry into the habits of the patient will often enable the physician to discover an adequate cause for the production of insanity. It will often, for instance, make him aware of habits of intemperance, which are an amply sufficient cause; or habits of strong mental excitement, such as those afforded by gambling, whether it be of the unlawful sort or the legal gambling of rash speculation; or it will indicate to him religious and social habits and practices testifying to the existence of that fanatical temper and those peculiar views which statistics prove to be most influential in the production of mental disease.

Such a preliminary enquiry will also make the physician aware of family feuds and dissensions, and it will instruct him on many other matters of the like kind, which it is absolutely essential that he should know before he can weigh all the evidence of his patient's insanity, with that nice discrimination which the delicate and difficult nature of the inquiry frequently demands.

I have not yet introduced the physician to his patient, but have, nevertheless, engaged his attention in matters which will greatly assist his judgment. Thus, if he is informed on credible testimony that the parents or grandparents have been insane, that the patient has himself undergone attacks of insanity, that his character has recently become changed in a notable and strange manner, and that, moreover, he has been intemperate or subjected to some other influence capable of exciting mental disease; if all or part of these circumstances have been ascertained, the physician will find the further examination, and his ultimate judgment infinitely more easy than if he entered upon the former with out such previous instruction.

In the personal examination of the patient the greatest tact and discretion is required. A physician called to treat any bodily disease at once commences with direct and pertinent questions; but in all difficult cases of mental diag-

nosis such a proceeding would surely defeat its ends. The physician often, indeed, finds some difficulty in contriving to be introduced to the patient, and in commencing a conversation without bringing about the *éclaircissement* which above all things is to be avoided. If the patient is strongly preoccupied with a delusive idea or by maniacal excitement, of course no difficulty will exist, and sometimes in cases of melancholia the patient will himself be most anxious to consult the physician on his mental state. But when the disease is in the incipient stage, and when the patient is suspicious and hostile, the matter of introduction and the opening of conversation requires much tact, and sometimes a little contrivance. In cases of bodily disease it would not be unusual or improper for the physician to commence with "I am sorry to hear from your good lady that you have lately been troubled with shortness of breath, and pain in the chest, &c." But if the alienist physician were to open the campaign after this fashion, with "Sir, your wife informs me that you have lately been subject to fits of ungovernable passion, alternating with despondency, &c.," the patient would probably turn the flank of the maladroit physician, or at least beat a hasty retreat. I will not go so far as to say that small deceptions must never be practised; such, for instance, as apparently calling in the physician to see another member of the family affected with a convenient illness; but of this I am convinced, that even the slightest deception will have a prejudicial influence on the future treatment. In almost all cases the physician will readily enough engage the attention and the goodwill of the patient, if he commences with sympathizing enquiries respecting any bodily symptoms and ailments, or respecting any matters in which he knows that the patient takes a lively interest.

In melancholia the patient is generally only too ready to converse on his mental symptoms. In imbecility, and early dementia, his apprehension is not sufficiently lively to place him on his guard. And in mania, he either suffers from head-symptoms respecting which he will readily converse with a medical man, or his mind is actively engaged on some project or object, which will afford the physician appropriate materials for conversation. The most difficult cases are those in which differences of opinion and of interest exist among the members of the patient's family, and the patient has quietly been told that it is wished to prove him insane and to place him under confinement, and that the doctor is coming

to examine him for that purpose. Under such circumstances, which are by no means imaginary, the physician must do the best he can ; and if this is but indifferently well he must content himself with the reflection that the fault is not his.

Immediately that the physician finds himself in the presence of his patient, "the facts observed by himself" upon which alone the law very properly insists, that the diagnosis of insanity shall really be made, will require the keenest exercise of his perceptive and analytic powers. Of course there are a great number of cases in which the existence of insanity is so evident that, strictly speaking, diagnosis becomes quite unnecessary. But when insanity has assumed so marked a form, that as Mrs. Page saith—"any madness I ever yet beheld seemed but tameness, civility, and patience to this distemper he is now in," the question of diagnosis gives way to that of treatment. But in slight cases and in early stages of the malady the symptoms are by no means invariably conclusive or even satisfactory. The physician will, therefore, do right to avail himself of every circumstance which can assist him in forming a right judgment ; even as in the diagnosis of phthisis the evidence afforded by auscultation and percussion does not justify him in neglecting, where any doubt exists, to examine the state of the hair, the finger ends, the gums, or any other part of the body capable of affording corroborative testimony. On entering a house in which the head of the family is insane, the physician will not unfrequently find his attention attracted to many little circumstances testifying to a want of order and direction in the household affairs. In the room principally occupied by the patient, things are especially found to be out of place, bizarreries often present themselves in the decorations of the walls and the arrangement of furniture. A short time since on visiting the house of a gentleman on whose mental condition I had to report, I remarked among other things a number of trumpery clocks. To the best of my recollection there were seven or eight of them in the hall, all of them diligently at work to shew the hour of the day, but all of them, like Charles the fifth's time-pieces, entertaining individual and very different opinions on that important point. In fact, the variations of the time indicated by them extended to full three quarters of an hour. In reply to a remark, the owner of this array of pendulums told me that it was a great point with him to know the precise time, and that he bought all the clocks at auctions and elsewhere, which he could obtain under a certain sum ; he had so many



clocks because if one did not go accurately, another might. When told that a really good time-piece purchased with the collective prices of his trumpery horologes would give him much more reliable information than all of them put together; since if any one of them did by chance go accurately he could not tell which it was; he was evidently convinced against his will, and retained his own opinion still. A love of order is rarely seen among the insane, except in some chronic cases where it has been acquired under asylum discipline. The residence and the room of the patient often therefore, bear traces of disorder; articles of clothing are scattered around, every thing is disarranged, and the dress and person of the patient often bear evident marks of want of care and cleanliness. In fact, the description given by Rosalind of a lover, would have been much more true to nature if applied to an insane person, namely, "a lean cheek, a sunken eye, an unquestionable spirit," "then your hose should be ungartered, your bonnet unbanded, your sleeve unbuttoned, your shoe untied, and every thing about you demonstrating a careless desolation." This description was very likely taken from the negligent dress of the insane, since the fair speaker immediately afterwards expresses her opinion "that love is merely a madness, and deserves as well a dark house and a whip as madmen do." When Hamlet's mind was first shaken, "he went,

"With his doublet all unbraced,

No hat upon his head, his stockings loose,  
Ungarter'd and down-gyved to his ancle."

In erotic madness the dress is not as fair Rosalind would have it careless and disordered, but generally the contrary, and often fantastic, arranged with care and with the evident desire to attract admiration.

The patient's dress not unfrequently presents characteristic traits indicating the direction of insane delusion. For instance, in ambitious insanity it is made to ape the military or the regal cut, if the patient thinks himself a great general or king. But these indications belong to a later period of the disease; and it may be taken as a general rule, that in the earlier stages of mental disorder the dress and personal condition of the patient are neglected. Sometimes there is great intolerance of dress, the patient seeming to suffer irritation from the customary articles of clothing. The propensity to remain wholly or partially nude is frequent, and owes its origin to various causes. A young lady may desire to live in the primitive simplicity of

paradise, or she may think her body invisible, and wish to remove the gross envelopes which would render this corporeal translucency of no avail, or, clothing may be thrown off and destroyed out of mere mischief and destructiveness, or, the sensibility of the skin may be greatly enhanced, and the warmth and friction of clothing may cause much annoyance.

The physician's observation of the negligences, inconsistencies, vanities, and various peculiarities of the patients' dress will proceed concurrently with the more important observation of his appearance, demeanor, and conduct. The appearance of the patient will depend upon the expression of his physiognomy, the traits of temperament, the bodily conformation and condition, and the habitual postures and gestures. The whole of the above may be classed under the terms appearances and demeanour. That which the patient says and does we may distinguish as his conduct.

The bodily condition of the patient in regard to plumpness or emaciation, to the state of the skin, the pulse and the tongue, rarely affords information of any practical value in the question of diagnosis. The instances are so numerous in which the mental functions of the cerebral hemispheres may be greatly disordered, while the functions of all the other bodily organs remain healthy, that their frequent deviations from a normal state cannot be relied upon as trustworthy data in the formation of an opinion as to the existence of mental disease. It may be laid down as a general rule, to which, however, there are numerous exceptions, that the insane do not possess robust bodily health. The early stages of insanity are very frequently marked by emaciation, occasioned by loss of rest, wasting of the tissues from increased activity of the mental and bodily functions, and derangement of the alimentative processes.

This emaciation is one cause of the alteration and sharpening of the features which so constantly takes place. When, however, the progress of mental disease is gradual and insidious, especially if it arises from a strong predisposition, and without the intervention of disease in any of the organs subservient to the vegetative life, there may be little or no emaciation at any period. During the later stages of those forms of mental disease which are characterized by diminution or loss of power, it is well known that the body is inclined to obesity.

Little reliance can be placed upon the indications either

of the pulse or of the tongue, although in the early stages of insanity the former is generally quicker than in health, and the latter is not unfrequently coated with a white central list. The skin is very generally harsh and dry, and not unfrequently affected with eruptive disorders. It is exceedingly rare to see a person in the early periods of insanity, with a thoroughly clear healthy complexion.

The point of real importance to be attended to in the examination of the patient's bodily condition, is to ascertain whether any diseased condition of any of the organs exists, which may have been the remote cause of the malady. Disordered states of the abdominal viscera are of such frequent occurrence, that the veteran Jacobi and many other physicians of eminence have believed that they altogether account for the causation of mental disease. I am very far from being able to concur in this narrow view of the etiology of insanity; but no physician of much experience in this department of medical science will be likely to deny, that disordered states of the stomach, the intestines, and the liver, very frequently constitute the remote causes of cerebral disease. The indications, therefore, of gastric and hepatic disorder observable in the tongue, the skin, and the nutriment of the body, are signs of the existence of this cause. It is as yet very uncertain whether diseases of the heart and of the lungs often operate as remote causes of insanity. In my opinion the probability is against this supposition, notwithstanding the numerous instances in which these organs are found to be diseased in persons dying insane. But there can be no doubt that uterine disorders constitute one of the most frequent remote causes of insanity with which we are acquainted. If therefore the physician can ascertain that his patient has suffered, or is suffering from gastric, hepatic, intestinal, or uterine disorder, he will have discovered a well-known and frequent cause, the existence of which must be allowed to exercise its due influence in the diagnosis.

The features and gestures of the patient are oftentimes strongly expressive of mental disease. The muscular system is the bond of connection between the mental functions of the cerebrum and the external world. It is the muscular system which, obeying the behests of the metaphysical *Ego*, executes its commands, and interprets its desires and its passions. Strictly speaking changes in the physiognomy and in the vocal articulation must be referred to this source but it is convenient to consider them apart, and at the



present time to direct attention to those grosser muscular actions which are commonly understood as the postures and gestures of the body. These are generally more pronounced and more expressive in insanity than in health. In artificial states of society, the sign language so commonly employed by the savage or the man of nature to express his feelings and his wants, is discontinued; speech is perfected, and articulate or written language becomes the sole medium of intercommunication. Gesticulation as a means of communicating thought has been found to be too demonstrative, too simple, and perhaps also too true to be convenient for the use of man in that state in which it has even been said by one of the ablest men of the age, that "the principal use of language is to conceal thought." But children, savages, and especially the deaf and dumb, converse by the sign language of gesture; and the insane man removed from the restraints imposed upon him by so-called civilization, returns to the state of the child or the savage, and expresses his desires and his feelings by the sign language of nature. The pantomime of the insane is often perfect. It cannot be called acting since it is real; and hence arises the most frequent cause of failure in attempts to simulate insanity. The counterfeit madman acting the part which he assumes with grotesque clumsiness, leaves a wide and easily detected interval between himself and the real lunatic.

In order to describe all the postures and gestures of the insane, it would be necessary to dilate upon all the resources of pantomimic expression, and would extend this paper to an unreasonable length. It is the less necessary to enlarge upon this subject, since every member of the human society is compelled to study both the language of gesticulation and that of facial expression from earliest infancy; and there are few men who do not become adepts in interpreting the signification both of look and gesture. A man who can appreciate the different mental conditions designated by the terms sadness, melancholy, despondency, despair, will find no difficulty in the interpretation of the sign language by which they are outwardly expressed. Sadness, he will expect to see manifested by simple repose and quietude of manner; melancholy, by quietude deepening into immobility, with clasped hands, bowed head and heavy step, and the desire of solitude; in despondency he will see an exaggeration of all these characteristics, the posture often crouching and bent together, like that of a person suffering from cold; while in despair the extremity of mental agony

acts as an excitement, and the sufferer is stimulated into action.

A wide difference intervenes between the commencement of melancholia in which it may be said of the patient,

“There was a listening fear in her regard,

“As if calamity had but begun.”

and the extreme of mental agony, which produces reaction. either in the form of the most painful and dangerous excitement; or of concentrated suicidal purpose; the “resolution of despair”

It will be needless to detail the various *modes* in which emotion depicts itself in motion and attitude, in partial insanity. This is not different to what occurs when the same emotions are excited in a healthy brain; or the difference exists only in degree. Pride, anger, fear, sadness, jealousy, and all other passions find that appropriate and distinctive expression, which the language of poetry can alone describe with adequate force and truth. The permanent expression of any one emotion may be taken as a presumptive symbol of partial insanity.

When the attitude is restless, the motions quick and vivacious and expressive of various and changeful emotions, a state of mania or general insanity is indicated. Melancholia is on the contrary known in some of its phases by fixed attitudes and slow gestures; in others by gestures of earnest supplication and intense dread; or by the reckless wildness, or intense resolution of despair. Imbecility or dementia are marked by slovenly postures, and by undecided and aimless movements, indicating that both the action and the repose of the muscles is under feeble and inefficient direction. All these details it would be wearisome and useless to dwell upon; but the alienist physician must have his eye open to seize upon their minutest shades, and his mind apt and prepared to appreciate them. In the early stages of insanity it is often the collective evidence of things individually unimportant, upon which the judgment must be based.

It will be convenient to observe, that in this paper I adopt the well-known classification of insanity, into mania, monomania, melancholia, dementia, and idiotcy; not because I think this classification unexceptionable, but because it seems to be a convenient one founded upon the most prominent phenomena of the disease, to be provisionally used, until a more scientific classification

founded upon the causes and nature of insanity can be framed. It is quite evident that the time for this has not yet arrived.

J. C. B.

[To be continued.]

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*Trial of Robert Handcock for the murder of his Wife,  
Philippa Handcock, at the Devon Winter Assize, before  
Mr. Baron Parke, Dec. 10th, 1855. Plea of Insanity.*

In this trial it was a matter of peculiar anxiety and difficulty to determine the actual state of the prisoner's mind at the time when he committed the fatal act with which he was charged. There could be no doubt that the murder was instigated by jealousy. If the jealousy had any foundation in real occurrences, it might be the natural feeling of an outraged husband, in which case its fatal result would be wilful murder, punishable by death. On the other hand, this feeling of jealousy might be a symptom of insanity, and the circumstances upon which it was founded might be merely the creation of a diseased brain, in which case the fatal act would be the result of mental disease, and as such ought not to be punished.

A report of the trial will be found in the Times newspaper of Monday, December 12th. The following is an outline of the circumstances. Robert and Philippa Handcock had lived together as man and wife for nineteen years, they had had children, and had lived in quiet and comfort. Robert Handcock worked in the winter months in a malt-house; in this employment he drank as much as six quarts of strong beer daily, these large potations, however, did not have the effect of intoxicating him. When not at malting, both he and his wife laboured at the quay at Appledore; he was always a good-tempered, inoffensive, and patient man; she on the contrary was a woman of violent temper. At the time of the murder, August 1st, they were both about forty years of age. About fourteen months before the commission of the crime the prisoner became exceedingly jealous of his wife, saying that he had seen adulterous intercourse between her and a neighbour, named William Punchard. At this time his demeanour and conduct underwent a marked change, which was remarked upon by his



neighbours, by the medical man Dr Pratt, and by the clergyman. From being a quiet industrious man, he became sullen and morose, passed his friends without speaking to them, could not attend to his work, and on this account he went to the Rector to give up his allotment ground. He had violent and constant altercations with his wife, whom he frequently threatened to kill, and then to kill himself. On one occasion it was proved that his wife hid his razor from him, that in presence of his wife and a woman named Maria Hele, he took off his coat and waistcoat, and turned his shirt collar back preparatory to cutting his own throat; on this occasion also, he tore his hair pulling it up by the roots in handfuls. After this he was apprehended and taken before a neighbouring Magistrate that he might be sent to an asylum or to a gaol, for the protection of his wife, whose life was thought to be in danger. The Magistrate unfortunately satisfied himself with giving the excited man good advice; he, however, requested the medical opinion of Dr. Pratt, of Appledore, the union medical officer of the district. The evidence of this gentleman was as follows:—

“Charles Edward Pratt, physician at Appledore, said, I have charge of the Northam district of the Union, and knew the prisoner as long as he has been in the parish. I have been his professional attendant. In the earlier part of my acquaintance with him he was a quiet, civil, and inoffensive man. I noticed a change in him about 14 or 16 months ago; I found him sullen, he used to pass me without speaking, and I remarked it to my son. I heard some complaints made of him, and I desired the parties to apply to Mr. Gould, the Magistrate. Mr. Gould applied to me and I went to see Handcock; I went on a Sunday morning, about November, 1854, about 11 or 12 in the morning. He was in bed, and unwilling to see me; he was low in spirits, and short in his answers. I ordered him some stimulant. Next morning he called upon me as I desired, my object being to ascertain the state of his mind; I brought up the subject of his wife’s conduct, as I was aware that was a weak point with him; he told me what his eyes had seen he could believe, and mentioned some circumstances and occasions connected with the intercourse of his wife with Punchard. He said he had seen them in a donkey house, and he could put his hand upon them, they were so close, I went and examined the donkey house. He said he was in a pig sty at the time, and the tumble roof went into a donkey house. When in the pig sty he could not have reached to the donkey house. The prisoner also said on another occasion, that he had seen them in the same donkey house from the roof of another house. On the roof he certainly could not have seen inside the donkey house. Another time he said he had seen them in the passage at the back of his house. I made my report to Mr. Gould that he was labouring under a *delusion* from jealousy, but I saw no occasion to put him under restraint. His manner was altogether changed, but I could detect nothing wrong in his conversation.

By the Judge—I have no doubt in monomania that a man may be perfectly sound except on one point.

Examination continued. After making report to Mr. Gould, I thought I had taken too much responsibility upon myself, and I watched the case until he separated from his wife. My general impression as to the state of his mind was, that he was mazed, that is not exactly mad, but tending to it.

By the Judge—Do you consider he could not distinguish between right and wrong?

Witness—I believe that when he was in a paroxysm he could not.

On two occasions the prisoner left his wife for a short time, being unable to live with her on account of his jealous excitement, but he soon returned. On the first of August last, the day of the murder, the prisoner and his wife had been working on the quay at Appledore, and in the evening they returned to their house at Northam, walking together in a sociable and friendly manner. The circumstances of the murder were detailed by the prisoner to his brother-in-law Philip Dennis as follows :—

“I asked the prisoner again what could possess him to do it? He said “I can’t tell you—I have done it.” I said “What could have possessed you to do it, when you came from Appledore together in the presence of James Dymond, and appeared to be comfortable?” I added “When you both ate supper together, which was raspberry pie. I said we found the pie and cream with it.” Prisoner said, “Yes, there was some cream, for I fetched it myself. Then we eat supper together. I thought to go to bed comfortable, but she would not let me come into bed. I said to her if you will not let me come into bed, I will go again. I then went over to William Claverdon’s, and got half an ounce of tobacco. I went towards home, and lighted my pipe at Jane Saltern’s. I smoked my pipe at the corner of the chapel, where I spoke to Thomas Harris. I smoked out my pipe and went into my own house. I went up stairs to go to bed, and took the hammer and razor with me. I asked her then if I could come into bed, and she said ‘No; you shall not come into bed.’” I said to him I believed she was asleep. He said “she was not asleep.” I believe he said—“I asked her the third time if I should come into bed. Then I gave her a light knock on the head,” but he did not say what with. She cried out—“Oh! Robert, don’t hurt me.” He said “I fancied I saw a little blood there; I thought I might as well go through with it as not. I rose my hand and struck her very lusty, and the blood gushed out. After that I threw the hammer directly down. Then I cut her throat—I thought I would put her out of misery as soon as I could. I remained in the house until about eleven,” but he did not say whether he meant night or morning. He then said, “I left my house and went up back lane. I crossed over Mr. Partridge’s field, and came towards Lewis’ Hill. Then I intended to have come to see you, and tell you what I had done; but my heart failed me, and I could not come to you. If I could have come to you I should have cut my own throat. I went into Perkins’ grass-field, and up over his turnip-field. Then I thought I could have come to you, but my heart failed me. Then I went into my own house, and lighted a candle. I went up stairs and looked at my wife, whom I had killed. Then I felt very sorry, but it was too late. I went down again, and blew out the candle. I closed the door, and left the house. I went into Mrs. Baldson’s house and waited there for Mary Hele, until her return from heaving the lime-stone, for I wanted to tell her what I did want to tell you. I waited there to see her to desire her to tell you to take care of the children. When Mary Hele came up, Thomas Wilkey was with her; and because he was with her I couldn’t tell her what I wanted to tell her. I left the court, and went down the road towards the barn, where Parkhouse saw me, and just as I came there I heard the clock strike two. I love my daughter, and she loves me.” I said, “how can you say you love her, when you said the other day that when she came home again she would come home to her mother’s funeral” He said, “Yes, Philip, I did say so, and now it is so.”

All the witnesses, both those called for the prosecution

and the defence, agreed in stating their firm belief that Handcock had no cause whatever to be jealous of Punchard. Punchard's wife was on terms of friendship with Handcock's wife, and never displayed the slightest jealousy of her husband. Punchard himself was put into the witness box, and swore positively that he had never had connection with Philippa Handcock, and that he had given her husband no cause whatever to be jealous of him. Since Handcock had lived near him he had never been into his house. Handcock had never accused Punchard personally, and had never given him an angry word. Dr. Bucknill gave the following evidence:—

I am Physician to the Devon County Lunatic Asylum, at Exminster. I have heard the witnesses at this trial, and have had conversation with the prisoner. In personal conversation with the prisoner, which was only once, yesterday, I found him under a strong conviction that Punchard had committed adultery with his wife. His story in support of that opinion was altogether inconsistent with itself and almost incoherent; there were absurdities in it, and distinct and glaring contradictions; my opinion was, that probably it was all a delusion. He told me he had seen this adultery committed in several instances, and he expressed himself in very strong and excited language. He said it had occurred as often as he had hairs on his head, thousands of times, he had actually seen it three times; but when questioned he appeared to have seen it only once; he said he had placed himself on the roof of a house and had actually seen it in the court at the back of his house, against the wall outside. He said, also, he had seen his wife meet Punchard and go with him into the passage, when they bolted the door. On the night of the murder, he looked out of his house, and saw Punchard come out of his door, and look up and down the street to see if any of them were about, and then seeing the coast clear, his wife slipped by Punchard; he then discovered himself, and said, "so here you are again." I ought to add that I was impressed by the strange state of feeling he evinced with respect to his present position. He repudiated the idea of being insane very strongly, and he said that when he was angry with his wife about her conduct people said, "Oh! here you are with your old mazed tricks again." He spoke of the day of judgment; not of this judgment—this was a trifle—but of the day when he would meet Punchard; and he seemed to be under strong feelings of revenge, which would be gratified by Punchard's punishment. He said it was the last word he should say on the gallows, that Punchard was the ruin of his wife. Having heard the evidence, and assuming it to be true, my opinion is that he was labouring under monomania, but not under general insanity. Delusion is a symptom of insanity, and monomania means that a person is entirely mad upon one point. On that subject he would be unable to distinguish between right and wrong. A monomaniac might think in killing, when under such an influence, that he was doing a meritorious act. On the point of his delusion all the faculties, will, judgment, perceptive powers, &c., were affected. The prisoner seems to be under hallucination, to see and hear things which have no existence in fact.

Cross examined. I first saw the prisoner yesterday evening and was with him about an hour. I went to the jail with a very slight knowledge of the case. I was aware the proposed defence was insanity, and knew the point he was thought to be insane upon, was with reference to Punchard. There remained on the prisoner's mind during the whole time a strong belief that Punchard and his wife had been guilty—a belief stronger than a sane man would entertain, except upon the most undoubted proof. A change may have taken place in the man's mind since August. His malady may have increased or decreased. His



conversation with me was consistent with the supposition that he had seen what he stated, and it was consistent with the idea that it was a delusion. But the story was inconsistent with itself.

Mr. Cox, who defended the prisoner, made a most able and impressive speech, in which he explained the nature of monomania in a thoroughly sound and philosophic spirit. Mr. Baron Parke, in summing up the case, explained the law to the jury as laid down by the judges in their answers to the questions put by the House of Lords in *Mc Naughten's* case. He commented upon the evidence with great patience and impartiality, giving its full weight to all the points which told in the prisoner's favour. The jury, after being locked up for an hour and a half, returned a verdict of Not Guilty, on the ground of insanity. The trial lasted fourteen hours. While the jury were locked up, the prisoner sent a message to the judge requesting permission again to confront Punchard in court, that he might prove his statements to be true. Even at this awful moment his mind was evidently more occupied with the supposed injuries he had received from Punchard than with his own fearful position.

On reviewing this trial after the event, it must be acknowledged that the question before the court was one of extraordinary difficulty. It is clear that the jury found it very hard to come to a determination; and the judge, who had conducted the trial in a most admirable spirit, is known to have subsequently stated, that he should have been quite satisfied with a verdict either way. The whole question turned upon the reality or the unreality of the prisoner's causes of jealousy. He did not pretend to have become jealous from trifling causes, whence he deduced his unhappy and self-tormenting conclusions; it was not a case like that depicted by our great dramatist, where the jealous husband saw in "trifles light as air proofs strong as holy writ." This rustic Othello had seen his wife commit the act repeatedly; he had been so near the adulterers that he could have put his hand upon them, and he only refrained lest he should kill them. He had seen the act committed, as he said, when standing in places and positions whence witnesses declared that it was impossible he could do so. He had seen all this, or he had not. If he had seen it, the change in his conduct and demeanour, which rendered him unable to pursue his usual avocations, and which made him silent, sullen, and absorbed, may have been the natural effect of mental anguish in a sane man. His threats of self-destruction, his repeated and violent alter-

cations with his wife, and the fatal act which terminated them, may all be explained on this supposition. But, if he saw that which did not in reality exist, his mind was the sport of hallucination. The alterations in his conduct, temper, and demeanour were signs of insanity, and the death of his wife was the result of disease of his brain. It must be acknowledged that one of the most difficult things to demonstrate, is that a man has had no cause to be jealous of his wife; but as far as proof on such a subject could be obtained, it was obtained. In a little village a criminal act of the kind referred to is always a matter of common knowledge and gossip; but in this instance all the village believed that the prisoner had not the slightest cause to suspect his wife's chastity. Even the wife of her suspected paramour entertained the common belief on the subject. The neighbours repeatedly heard of Handcock's extreme jealousy, and they spoke of the wild conduct to which it led as of the acts of a madman.

The prisoner stated that he had seen the act committed in the most improbable, not to say impossible places, for instance in a back yard, which was proved at the time to have been under water, upon a wet dunghill, and at another time, when the paramour was proved to have been at church, and at another time when he was ill in bed. On the whole there can be little doubt that the jealousy of the prisoner was the result of delusion; and it is, moreover, probable that the delusion had a basis of hallucination. The one single thread of reason upon which it was possible to hang his belief, was that afforded by the taunts of his wife. But this poor woman was proved to have been a person of passionate temper; she was also proved to have been irritated and afflicted beyond measure by her husband's jealousy, and his consequent behaviour towards her. It was therefore to be expected that a woman with such a temper would, under such provocation, not always bear her burden with patience, and that she would sometimes be provoked into galling retorts: and what retort so galling as a taunt on the subject of exasperation? Was not the expression "If I have been with Punchard before, I will go with him again" exactly what an innocent, but exasperated woman would, under such circumstances, be likely to say? If any of the numerous witnesses, either those called for the prosecution or the defence, had been able to state that they believed the prisoner had the slightest cause for jealousy, the case would have assumed a very

different aspect. But it was remarkable that all the witnesses, some of whom were animated with no friendly feeling towards the prisoner, were unanimous in the expression of their opinion that his jealousy was utterly groundless.

It is also a noteworthy fact, that the neighbours of the prisoner, and especially his intelligent neighbours, the clergyman, and the medical man of the district, considered this causeless jealousy the result of mental delusion, long before the fatal act took place. The conversation of the prisoner with Dr. Bucknill, when viewed by the light of the evidence adduced at the trial, was strongly indicative of insanity. He spoke of his wife's unfaithfulness in an excited and concentrated manner, and he appeared to entertain a strong and abiding belief of the fact, stronger than a sane man would entertain, except upon the clearest proof. His account of the occasions on which he had seen the act committed was inconsistent in its details, and impressed the listener with the belief that it was unreal.

He said that he had positively seen the act of adultery on three occasions, but a little cross questioning reduced these three occasions to one, and the circumstances under which even this one took place were highly improbable. Then he said that the act of adultery had taken place as many times as he had hairs on his head! thousands of times! He strongly repudiated the idea of insanity, and complained, that before the fatal act, his just indignation had been treated as the conduct of a madman. His state of feeling with regard to his awful position was not that of a man of sane mind. His mind was concentrated upon the injuries he had received from his wife and her supposed paramour, whom he anxiously desired to meet at the great day of judgment. He evidently thought little of his trial, and of the death which he believed to await him; and it is probable, that if the verdict of the jury had been other than what it was, and the unhappy man had been left for execution, he would have met his fate with the indifference of insane pre-occupation. On a re-consideration of the whole of the circumstances, there can be little doubt that the verdict arrived at by the jury was a just and righteous one.

We have been unable to find any case resembling the above in the records of English criminal jurisprudence. The case quoted by Ray, from Erskine's speeches, in which the life of a Mr. Errington was taken away by his discarded mistress (who had become insane) from motives of jealousy,



is not to the point, because here the lunatic had substantial grounds for her feelings.

The only case which closely approximates to the above, is that of Nicholas Besch, reported by M. le Dr. Morel, in the "*Annales Medico Psychologiques*," January, 1854. M. Morel appears to be regularly employed by the French Government as Medical "Expert," to report upon the state of mind of criminals supposed to be insane. The latter are placed in the asylum at Mareville to facilitate his observations; and his reports, not less practical and wary than they are scientific and profound, prove the course adopted by the French Government to be excellent. We append a few brief extracts from his notice of the case of Nicholas Besch, communicated to the editor of the *Annales*.

"The interest of the following case arises from the delirium having been confined to a single object. I have seen few patients offer a more remarkable appearance of reason, nothing in his conversation or conduct could point him out as an insane person to an indifferent observer. The first time he was placed for the purpose of observation in the "*Maison de secours*" at Nancy, the act which brought him there was considered the result of simple jealousy, since then his attempt to tear out the eyes of his wife has awakened the anxiety of the authorities; he has been placed at Mareville, where he continues to protest his innocence and to attribute his homicidal act to anger and excitement.

The history of Besch is in brief that he has on many occasions ill-used his wife and has already been once placed in an asylum, but his apparent tranquillity and the clearness of his replies, made the physician determine upon his release. Since then he has conducted himself in the most outrageous manner on the subject of his wife's honour, not hesitating to excite his children against her by applying to her the most infamous epithets. In a paroxysm of rage he threw himself upon the unhappy woman and attempted to tear out her eyes; believing that he had accomplished this crime, he left the room in triumph, saying, "at last I am revenged;" having afterwards ascertained that he had failed in his object, he said, "well, I am content, and I much regret what I have done."

The moral and intellectual character of Besch's wife is excellent and her disposition is gentle; she has brought up her seven children admirably; eighteen months since she remarked that her husband had become gloomy and pre-occupied, he frequently left his workshop in order to see what was going on at home, where he arrived with a gloomy and pre-occupied air, becoming calm when he had thrown a furtive look into the room, and had demanded whether any one had been there. His wife began to feel uneasy on account of these eccentricities, which contrasted greatly with the previous character of her husband, which was frank, open, and generous. One Sunday he asked her to take a walk, and having purposely directed their steps towards the cemetery, he sought for the gloomiest and most solitary place, "listen" said he, "if I thought that you had betrayed me, I should be ready to kill you, swear to me that you have not." The wretched woman then understood the cause of her husband's pre-occupation, and her oaths and protestations calmed him for the moment. His nights became more agitated, he lost his appetite, his tongue was often coated, and his complexion became yellow. After this Besch contracted gonorrhœa, his wife with exquisite tact refrained from reproaching him, she even excused him, she redoubled her care and attention to him, but this only served to confirm Besch in the idea of her criminality, and that she thus endeavoured to disguise her secret conduct, and to deceive him respecting the pretended debaucheries which she practised.

In the house where they lived there was a cabaret, and it is here he thinks that his wife has her rendezvous; he is convinced of it, he has heard the proprietor of the cabaret say to another person, "you will this evening bring to me the wife of the calico printer. But, said the other, what will the husband say? Bah! her husband, said the man of the cabaret, is an idiot." Besch becomes exasperated, he frequently rushes into the cabaret to see if his wife is there; and it is remarkable, said he, "that I never have been able to catch her in the very act." He is, however, thoroughly convinced that they deceive him; they make insulting signs to him in the street. In his despair he leaves to go to St. Quentin; in the wagon a man of importance with a red beard speaks of him by name, and says "Besch of Nancy is a cuckold." This quite upsets him, he has scarcely arrived at St. Quentin before he returns to Nancy, enters his house like a madman, and attempts to tear out his wife's eyes. His wife remarked with great justice of expression, "that he saw and heard all that he thought." It is impossible to express more clearly that he had hallucinations; he believed himself outraged and dishonoured, and he rested this belief upon the most false, ridiculous, and unjust grounds. He constructed an absurd system, and believed in all his delusions with all the force of conviction which numerous hallucinations could give. It is only wonderful that during the eighteen months he has been tormented by such delusions he has not actually accomplished the death of his wife.

J. C. B.

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*Recent Changes in the Commission of Lunacy.*

In consequence of the resignation of Dr. Turner a vacancy has recently occurred among the Medical Commissioners of Lunacy. It has been filled up by the appointment of Dr. Wilkes, the able and experienced medical superintendent of the Staffordshire county asylum. The selection of Dr. Wilkes for this honourable and important office is known to have been due to the noble Chairman of the Board, who has for many years been well acquainted with his steady and intelligent devotion to the duties of his position, and with his successful exertions in establishing the Coton Hill Asylum, for the insane of the higher and middle classes. The appointment of Dr. Wilkes is justly gratifying to the class of professional men to whom he belongs, indicating, as it does, the paramount importance attached by the highest authorities to an intimate practical acquaintance with the management of asylums and the treatment of the insane.

Dr. Turner retires from the Commission full of years and honors; and all who have the pleasure of knowing this thoroughly kind-hearted and accomplished physician will unite in heartily wishing him the enjoyment of many years of health and well earned repose. Dr. Turner's

visits of inspection to asylums were always agreeable incidents to superintendents, and were often instructive. His demeanour on such occasions was gentlemanly and considerate. He was influenced by no narrow or one-sided views of his duty; and was ever prepared, not only to defend the interests and to promote the well-being of the patients, but also to acknowledge the just claims and to appreciate the difficulties of those who had charge of them. Dr. Turner was for a long series of years the physician to St. Thomas Hospital. He was a distinguished member of the Royal College of Physicians, and he is the treasurer to that corporation. At the present time not one of the Commissioners of Lunacy is a physician.

The Commission has also lost the services of one of its most able members by the decease of Mr. Mylne, an event which every one interested in the administration of the lunacy statutes and in the welfare of the insane must deeply deplore. Mr. Mylne brought to the service of the Commission an intellect of the highest order, and an amount of legal erudition and practical wisdom, which promised the highest prizes in his profession, had the state of his health permitted him to pursue his career at the bar. As a commissioner his conduct was ever guided by the most enlightened opinions and by a truly humane disposition. His loss at the Board cannot fail to be severely felt.

Mr. Lutwidge, who has for so long and so ably occupied the post of Secretary to the Commission, has been announced as the successor of Mr. Mylne. This appointment, which has now taken place, must give universal and well founded satisfaction. It will be remembered that this promotion of Mr. Lutwidge is specifically provided for by the statute. But irrespective of what must be considered an expression of the will of the legislature on this point, it will be admitted on all hands that the promotion of this meritorious officer must conduce to the interest of the public service, by providing a new legal Commissioner of great experience in the administration of the lunacy statutes.

The law provides that the legal commissioners must be barristers of seven years' standing, and that the medical commissioners must be physicians or surgeons. But the barristers may never have held a brief or seen a lunatic, and the surgeons may be veterinary surgeons for aught that the law says to the contrary. But the character and even the stability of the Commission depends upon the appointment of Commissioners who thoroughly understand their subject and the nature



of their duties, and whose opinion will be respected by the intelligent and highly educated men over whose conduct and practice they exercise official control. Should the Commission ever be so unfortunate as to sink beneath the level of professional knowledge existing in asylums, its influence will wane with its reputation.

The appointment of a Secretary in the place of Mr. Lutwidge, is a matter deeply interesting to all who have charge of the insane. Upon it depends whether the numerous communications between the Board and the officials of asylums will continue to be conducted in a spirit of dignified courtesy. In a small and permanent Board the secretaryship is of much less importance than in a numerous and fluctuating one; but in all cases the influence of the ever present officer gives uniformity and consistency to the proceedings, and the difference between a special pleading, hair splitting, crochety secretary, and one of sound and comprehensive judgment would speedily make itself felt. Let us hope that the new secretary will be as like as may be to the old one.

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#### *A New County Asylum.*

We are informed that the Magistracy of Bedfordshire, Hertfordshire, and Huntingdonshire have decided at once to build a joint Asylum, and that the purchase of one hundred and fifty acres of land for a site has been voted. Cambridgeshire will be compelled to build for itself.

*Publications received for Review, &c.*

*Apercu du Systeme Spinal, &c.*, par Marshall Hall, F.R.S., &c. Paris, Victor Masson, 1855.

*Elements of Psychology*, by Daniel Noble, M.D. London, Churchill, 1855.

*The Biography of William Tuke*, by Daniel Tuke, M.D., &c., printed at the Retreat, York, 1855.

*Annual Report of the Kent County Lunatic Asylum.*

*Pathology of Mania and Dementia*, by A. J Sutherland, M.D., &c., from *Med. Chirurg. Trans.*

*Exchanges received.*

*The American Journal of Insanity.*

*The Dublin Hospital Gazette.*

*The Edinburgh Medical and Surgical Journal.*

*Allgemeine Zeitschrift für Psychiatrie von Deutschlands Irrenärzten.*

*Correspondenz-Blatt der deutschen Gesellschaft für Psychiatrie.*

*Balneologische Zeitung.*

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# THE ASYLUM JOURNAL

OF

## MENTAL SCIENCE.

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*The Annual Reports of the County Lunatic Asylums and Hospitals of the Insane in England and Wales, published during the Year 1855.*

The Annual Reports of County Asylums, written by the medical superintendents, and published after presentation at the Quarter Sessions of Counties, contain a mass of statistical information, a large amount of historical matter relative to these institutions, and in many instances, well considered views on various questions relating to insanity enunciated by men who have the fullest right to speak with authority. It is, therefore, of great importance that these reports should not only be widely circulated and attentively considered, but that they should be collated with each other, and that a digest of their contents should be framed, in order that their spirit and scope may be the more fully appreciated. The character of these reports differs not only according to the asylum from which they emanate and the method of their authors, but also in accordance with the exigencies of the particular year; thus it happens that the report of the same superintendent may sometimes be wholly occupied by medical subjects, and at others may be almost exclusively devoted to questions of business and economy.

The reports of some institutions are always more professional than administrative or general, while in others they are with equal constancy more general than professional. We speak from considerable experience in the drawing up of these reports, when we assert that few tasks of professional authorship are more difficult than the production of a

thoroughly satisfactory document of this kind. The medical superintendent has to write in the double capacity of a physician, and a director or administrator; and he has to address a double audience, the justices of the peace in his own county, and the members of his profession.

At the present time we entertain the opinion which, however, we have not always acted upon, that the purely medical element is less indispensable in these documents than that which, for want of a better term, we will call the administrative. The annual report being in reality addressed to non-medical readers, namely, to the visitors to the asylum, and through them to the justices of the peace for the county, purely medical subjects would appear to be somewhat out of place in them. That such subjects are often introduced is occasioned (if we may speak from our own experience) by the fact that superintendents are apt to think less of their legitimate audience than of the professional circles among whom the extra copies are distributed. The excellent reports of Dr. Boyd avoid the difficulty by division into two portions, the main report being on administrative subjects, the copious and valuable appendix being purely medical. But the length of Dr. Boyd's reports bear about the same proportion to those of some other asylums, as the President's message does to the Queen's speech; and his excellent example cannot be followed unless committees are more liberal in printing, and superintendents more assiduous in pathological research.

We think that in the composition of his annual report a medical superintendent ought to write in his administrative rather than in his medical character, because the persons whom he really addresses are administrators and not physicians. If this view is correct, it will follow that the annual report should be a succinct history of the institution during the previous year; that it should refer to its general sanitary condition rather than to medical details or to particular cases. That it should point out any remediable defects or requirements of the institution, and have for its general object with regard to the past, to inform the justices as to the general history and working of the establishment, and with regard to the future, to publish to the controllers of the county finance any opinions the author may entertain, having for their object the welfare of his patients and the improvement of his asylum.

The report emanating from the *Bedford Asylum* is of a most satisfactory kind. The committee state that "a great



change has taken place in the management of the asylum." Mr. Matthews having resigned the appointment of resident medical officer. Mr. Harris, the non-resident superintendent, was pensioned off, and Mr. and Mrs. Denne were appointed superintendent and matron. The commissioners report that the asylum is "evidently in an improving condition;" and although the committee "refrain from observations" upon the improvements which Mr. Denne is engaged in carrying out, the whole tenor of their report indicates a high degree of satisfaction. They have good reason to be satisfied with the change they record; the change from a staff of officers who practised and defended the habitual use of mechanical restraint, to one which has suddenly and completely abolished measures generally condemned, and now almost obsolete in the county asylums of this country. It is curious to contrast the theoretical objections to the non-restraint system urged by the late medical officers of the Bedford asylum, with the practical experience of their reforming successors. In the celebrated appendix to the eighth report of the commissioners in lunacy, Mr. Harris and Mr. Matthews state, "the non-restraint system is an expensive one, without taking into consideration *the large destruction of clothing and bedding.*" Mr. Denne's actual experience in the very same asylum which supplied these gentlemen with this theoretical objection is stated as follows:

"The disuse of mechanical restraint has been mentioned with expressions of gratitude, by several of the poor afflicted inmates; and since I have had the charge, there has not been one case in which its use would have been justifiable. One prominent fact connected with this subject is, that the amount of clothing destroyed, has been immeasurably less than under the former system, and at present there is not one patient in a ticking or other strong dress."

Mr. Denne's report is brief, practical, and modest. It is, however, sufficiently evident that he has accomplished a great success in rescuing one more county asylum from the error of the old ways. He has a convert and a coadjutor in the Chaplain, who writes that "The past year has witnessed changes in the asylum which have affected advantageously the duties of the Chaplain, and his comfort in discharging them."

Of the *Buckinghamshire County Lunatic Asylum* this is the second report. The report of the visitors contains a long account of the efforts made to obtain a sufficient supply of water. We trust that this most serious deficiency will be fully remedied by Mr. Simpson, the eminent aquatic engineer, to whom the visitors have confided the task. If Mr. Simp-

son's estimates are as accurate as those which he supplied to the Bristol water company, by the time the water is obtained, and the bills are paid, the visitors will be able to appreciate the limpid element at its full value. We entirely concur with the visitors on the very important subject referred to in the following paragraph.

"Your committee take leave also to refer to the great want of one uniform system of keeping the accounts throughout the various asylums in the kingdom; and they are of opinion that great benefit would accrue if such a system were rendered compulsory, and were maintained in order by the appointment of a general auditor; for want of this uniformity of system, important items are classed under different heads, so as to render a correct comparison of the management and expenditure in one asylum, with those of another, next to impracticable."

"Such uniformity is established *to a great degree* by authority of the Poor Law Commissioners throughout the unions in the country."

The committee have reduced the rate of maintenance from 12s to 11s 3d per week. The medical superintendent, Mr. Millar, reports that the results of treatment have been highly satisfactory, and that the general health of the patients has been remarkably good. "The medical treatment continues to be founded upon the opinion that insanity not complicated with organic lesion, is essentially a disease of debility."

"The incoherence, excitement, or false reasoning, characteristic of insanity, is merely the manifestation of a diminution in the force of a certain action going on in the brain, upon the intensity of which, Müller, a celebrated German physiologist, considers the clearness and distinctness of our ideas depend."

There appears to have been some difference of opinion respecting the amount of liberty which it is desirable to give to patients outside the boundaries of an asylum. Mr. Millar collected the opinions and practice of the superintendents of twenty-six county asylums, on the propriety of extending to some of the patients the indulgence of visiting places of public amusement and instruction. This indulgence has been granted under certain restrictions. It would have been a pleasing return to the twenty-six superintendents for the trouble taken by them in giving information on this subject, if Mr. Miller had kindly tabulated and published for their information and guidance, the general results of his inquiries; his own opinion is expressed in the following sentence:

"But nothing continues to give greater satisfaction than the permission granted to walking beyond the boundaries of the asylum. They no longer feel that, in addition to their affliction, they are deprived of an enjoyment which, under other circumstances, would be theirs, and which they now stand more in need of and are as capable of appreciating, as when in the enjoyment of sound mind

and liberty. They return to the asylum, after their walk, contented and refreshed, and engage in their various occupations with more alacrity and cheerfulness."

*Birmingham Lunatic Asylum.* The fourth annual report of this well-conducted asylum contains little to attract attention. Everything appears to proceed very smoothly and satisfactorily. The report of the medical superintendent, Mr. Green, announces that "inconveniences in minor arrangements are gradually being removed, and improvements introduced," especially in the ornamentation and furnishing of the wards. More than forty patients of both sexes have been to an equestrian circus and to Birmingham fair. "They behaved themselves as well as any of the spectators, and were very much delighted." In autopsies of paralytic cases, Mr. Green has examined the spinal canal, in which, like Dr. Boyd, he has found large serous effusions. The whole of the animal food consumed by the inmates of this asylum is slaughtered on the premises with satisfactory results in regard both to the quality of the meat supplied to the patients, and to the cost at which it can be procured.

*The Chester County Lunatic Asylum* has undergone "a general revision in the management." The attendants have been increased from fifteen to twenty-three. "The diet and clothing improved, the bedding and furniture rendered more efficient." "A pension of £200 a year has been granted to Dr. Lld. Jones, who has been connected with the asylum for a period of twenty-five years." Retiring pensions have also been granted to the head attendant and matron, who had grown old in service. A new and active staff of officials has been appointed, and the *personnel* of the institution appears to have undergone a thorough reform. The buildings have also been enlarged at an estimated expence of £12,000; and the visiting justices are reported to be "using every exertion to place the establishment on the best footing." Mr. Brushfield, the late house surgeon, has been made superintendent. His report is mainly occupied by administrative subjects. Without the slightest approach to boasting, it is replete with indications of the thorough revolution which the institution is undergoing under his direction. On the subject of suicidal tendency and restraint he says:

"Of the 102 admissions, 42 were reported to be subject to suicidal impulses, of whom 26 were known to have made actual attempts, and in several instances the attempts were renewed. The proportion of this class of cases is much larger than the usual average; and, as shewn in table 11, the suicidal propensity was more strongly developed in the males than in the females. This class at all times causes great anxiety to the medical officers, as notwithstanding the greatest



vigilance on the part of the attendants, fatal cases will sometimes occur ; no instance of the kind has, however, happened during the past year."

"All forms of restraint have been entirely abolished, nor has there been the slightest reason to regret such a step having been taken ; it is certain that it disuse has had a beneficial effect on the minds of those patients who, at any time, had been the subjects of it."

The report of Dr. Boisragon, the medical superintendent of the *Cornwall County Asylum* indicates the necessity of several important improvements. The obituary contains ten cases of death from dysentery.

"Of the disease which may be considered endemic as regards the asylum, viz. dysentery, I am endeavouring, by the placing of all new cases in particular galleries, to obviate the frequency of its recurrence. It is, therefore, with satisfaction that I find the committee taking into consideration the propriety of substituting boards for the flags in the lower galleries. Permit me also, gentlemen, to repeat the request I made to you last year of again considering the benefit which would be conferred upon the establishment by adopting the mode of lighting by gas, a benefit which I consider would, as the patients under the present system occupy so many hours in their bedrooms, contribute to their mental, if not physical well-being. The iron doors, also, I feel it my duty to bring again to your notice, as interfering with the efficient duties of the night watch."

The committee report that they hope to substitute wooden doors for iron, that they have made arrangements for flooring the basement stones with wood ; that they are unwilling to incur the expense of gas, but that they intend to try the experiment in the female pauper building. That a county asylum situated in close proximity to a county town, should remain without the comfort and security of gas, is not very creditable to the liberality of its committee of visitors.

The sixth report of the *North Wales Asylum at Denbigh*, contains several topics common to many other reports, namely, a deficient supply of water, the crowded state of the wards, and "the want of consideration on the part of the parochial authorities in sending patients into the asylum in the last stage of existence from disease and debility." We learn that the great deficiency of water "has rendered it expedient to abandon the use of most of the baths and the water closets." We learn also that "when the serious scarcity of water prevented the flushing of the drains, a low type of fever appeared." Dr. Lloyd Williams, the visiting physician, and Mr. Jones, the superintendent, express their opinion on the question of restraint thus :

"We have no hesitation in saying, that we have hitherto never had occasion to resort to any beyond a short confinement in a padded room, and even that remedy is now very sparingly and cautiously used. We find exercise in the open air the best sedative, in promoting sleep and tranquility—even during the most violent maniacal paroxysms."

On the allied question of employment the same experienced psychologists say :

"The women are employed in the kitchen, the wash-house, the laundry, and the sewing rooms—spinning is a favourite occupation with others. All the clothing is made by them, of which the matron keeps an account. We have considerable difficulty in finding suitable in-door occupation for the private male patients in wet weather. That ever ready refuge from the tedium of confinement—the needle—so successfully resorted to by the weaker sex, is not open to their male fellow sufferers under misfortune ; and well might the pious and gifted Robert Hall have lamented that he "was never taught to hem a pocket handkerchief ; for," said he, "I should never have been insane if I had." In order to afford an additional source of occupation and amusement for the class of patients above mentioned, we would strongly recommend the purchase of a good turning lathe for their use."

*Derbyshire County Asylum.* The Third Annual Report of Dr. Hitchman the accomplished "superintendent physician" of this institution possesses as usual much interest. The importance of early treatment is forcibly stated, and the advantage of such treatment is justly considered to be so important, as to outweigh any errors or deficiencies of system. Even unskilful treatment is infinitely less mischievous than that "patients should be concealed in the recesses of their own homes, or confined in the wards of a workhouse, until their disease has become established, and their brains have undergone a structural and fatal change." The patients generally have enjoyed a high state of health during the year, a result attributed to the excellent situation of the asylum, to the liberal dietary and good clothing, and to an abundant supply of vegetables ; results secured "by the liberality of the county in annexing a large amount of land to the asylum." The ample farm and garden furnish abundant occupation to all who are capable of out-door exercise. A considerable section of the report is devoted to the exposition of the writer's views on the subject of "The non-restraint system." He complains that the editor of the Psychological Journal has intimated "that the writer of the report ignored the existence of a suicidal propensity among the insane, and that he regarded such cases as imaginary and ideal." Referring to his own extensive experience, Dr. Hitchman "can most conscientiously aver that not a single patient in upwards of two thousand, has during the past ten years, been restrained while under his observation."

The religious services are conducted with so much order and decorum, that in three years "only a solitary instance of disturbance has taken place," and "the chaplain seems at all times desirous to carry out his wishes in the moral management of the insane."

On the "sympathy between mind and body," Dr. Hitchman remarks :

"The insane are so peculiarly special in their words and actions that it requires much initiation and some experience to distinguish between the workings of disease and the utterances of a troubled conscience. When the physical organ through which the mind displays itself has become disordered, its manifestations are no longer harmonious and truthful, but like a distorted prism it throws off the disjointed and scattered rays of thought tinged and coloured with all kinds of morbid fancies and spectral illusions, and the individual thus afflicted properly passes from the spiritual control of the Divine to the medical and moral care of the psecopathic physician. As in the treatment of an inflamed eye, or a disordered limb, the medical man would endeavour to adjust the imponderable agencies of light and motion to the strength and condition of each particular member, so does he in the irritable brain claim for himself the sole guidance of those subtle moral influences which more than anything beside, control or agitate, soothe or disorder, the nervous invalid. He alone has been trained to detect and distinguish the physical ailment, and can therefore best appreciate the sympathetic relations which exist between the mind and the body."

He illustrates the mysterious influence of mind upon body, and body upon mind, by the relation of an interesting case of suicidal insanity in a female attendant, in whom the mental symptoms gave way upon the supervention of phthisis. Our own observation leads us to the conclusion that changes in the mental state are not unfrequent during the last stages of bodily disease. The belief of the vulgar in this fact is expressed in the term, "a lighting up before death." In recording the last illness of James the 1st., old Fuller mentions among the mischiefs meeting therein, "The king's averseness to physic, and impatience under it. Yet the last was removed above expectation, the king, contrary to his custom, being very orderable in all his sickness. Such sudden alteration some apprehend a certain prognostic of death, *as if when men's minds acquire new qualities, they begin to habit and clothe themselves for a new world.*"

In the report of the *Devon County Asylum*, Dr. Bucknill refers to a subject complained of in many other reports, viz. : of patients being sent for admission in a dying state ; and he expresses his opinion that "it is improper to transmit to the county asylum any patients who are in so advanced a state of bodily disease as to be unable to rise from their beds." He states that the Devon asylum contains as many as forty idiots, and he suggests for patients of this class the experiment of an idiot home, the primary object of which should be the physical well-being of its inmates ; "since this without doubt is attainable, while the extent to which the mental training of idiots is possible is yet very uncertain." He concludes his report by a review of the principles of



treatment which have for ten years been pursued in the Devon asylum. Want of space, however, prevents us from quoting further from this report.

There was no report published for the *County of Dorset*, in consequence of the lamented death of the medical superintendent.

In the report of the *Essex County Asylum*, Dr. Campbell states that, in September, Asiatic cholera made its appearance in the wards, and that altogether 19 cases of this fearful disease, and 10 of choleraic diarrhœa took place; of these, 17 died and 12 recovered. About 70 cases of diarrhœa without collapse were under treatment. Dr. Campbell having had considerable experience in India in the treatment of cholera, adopted the following system :

“To give two grains of calomel every fifteen minutes for the first five hours, then two grains every half hour for three hours, and afterwards two grains every hour for from twelve to fifteen hours, with cold spring water to drink. Sinapisms were applied to the extremities and abdomen, and friction was also used. In four of the cases stimulants were administered, which seemed to aggravate the symptoms.”

He justly refers the large mortality to the weak state of the patients previous to the attack, and he expresses his undiminished confidence in the efficacy of small doses of calomel frequently repeated. On the subject of relapses Dr. Campbell makes the following very judicious remarks :

“Insanity, like an attack of any other disease, leaves behind it a predisposition to recurrence; but a recovery is not, therefore, to be held of less account as a cure than is the removal of a pleurisy or the reduction of a dislocation.

I cannot here omit to notice one of the most common occasions of relapses, or rather I should style them, secondary attacks in the cases of individuals belonging to the labouring classes of the community, who are discharged from an asylum, and that is, the difficulty which such persons have in again procuring employment, and the anxiety and hardships to which this difficulty frequently subjects them. Patients liberated from such an institution generally find the public prejudiced against them and doubtful of the validity of their recovery, and their friends and acquaintances estranged, and shy of renewing their intimacy; or, their feelings are wounded by the remarks and questions of those who are curious either to sound the completeness and capacity of their recovered faculties; or, to learn the secrets of what (unfortunately through ignorance) they deem a prison-house, and the mysteries of a disease which they cannot comprehend. If to these sources of vexation and annoyance be added, as in the case of many a convalescent pauper, the evils of idleness, poverty, and scanty diet, which in the delicately balanced state of their nervous system, will probably operate with more than usual severity, no combination of circumstances could be contrived more likely to prove fruitful of secondary attacks.”

The report of the *Gloucester Asylum* contains no report from the medical superintendent. The visitors state that, in consequence of the wards being overcrowded “they were compelled in October, 1853, to close their doors to the admission of male pauper patients whose symptoms were not

of an urgent character ;” but “the pressure having been in some measure relieved by an agreement entered into with the visitors of the county of Warwick asylum, all proper cases have since been received as heretofore.” The payment made on patients sent to the Warwick asylum was 14s per week. The visitors refer to the portion of the asylum devoted to private patients, in which there are at present 26 inmates, of whom 15 are more or less assisted by the asylum charity. This charity is administered in a spirit of liberality which well deserves to be imitated in all hospitals for the insane which have a charitable foundation.

The first report of the *Hants Lunatic Asylum* possesses much interest from the time which has elapsed, and the embarrassments which have occurred since the opening of this institution. We will not recal the painful circumstances which preceded the appointment of Dr. Manley, with which the visitors express themselves well satisfied as “a judicious one, and likely to conduce to the comfort of the patients ; and by his skill and medical treatment, to the speedy recovery of those whose maladies are capable of being cured.” Dr. Manley’s report is an excellent example of what we call an administrative or official report ; but although we consider this the proper character of an asylum report, we find it less applicable to our own purposes as medical reviewers. The following quotation possesses medical interest :

“Many an insane person, when ill with severe disease, is apt to keep about without complaining, and even take substantial ordinary diet until within a short time before his death. The maniacal excitement, which has been a substitute for muscular strength, often gives way suddenly, and the patient dies rapidly. Some patients seem to die of exhaustion solely, after a longer or shorter period of excitement, and to this cause many of the deaths in the present table may be attributed.”

The report of the *Kent Lunatic Asylum* differs from its congeners in the period which it embraces ; it was presented in October, 1855, and embraces the twelve months ending the previous July. It is replete with medical interest ; our space, however, only permits the following quotations. Dr. Huxley strongly objects “to work as the one thing needful in an asylum ;” and on this subject he makes the following judicious remarks :

“As a general observation, during the curable, or, treatable stage in most mental disorders, any avoidable demand upon the patient’s strength is contra-indicated, as being inconsistent with the plan of treatment most commonly successful. When, however, a certain progress has been made with the help of medical treatment, work or occupation adapted to strength, becomes a valuable

auxiliary. In these cases, any attempt to employ the patient before the fitting time has arrived, fails, if it do not act prejudicially and retard improvement. Convalescence having set in, the inclination of the patient is found to coincide with the adviser's recommendation of employment, which is then found beneficial. In many instances, the state of inclination of the patients themselves towards work, has a near relation to their real ability to pursue and profit by it. To all effectual work energy is necessary, whilst no class of diseased persons suffer more from depression and real weakness than the insane. . . .

"Happily, it is now pretty generally recognized that there is a very definable limit to the general rule under which work ought to be required and may be obtained from the insane. The chief workers are what are called chronic cases, and so far as these may be able-bodied and free from temporary illness, they are always employed. Above them is the class amenable to treatment, with whom the application to work must be regulated like the adaptation of medicine. These may commonly be employed, but their working is fitful, and as a body, they produce or perform little that is profitable either to the asylum or to themselves. Below, is a class composed of that large portion of the chronic cases which, in the course of time, have become so far demented as to have their capacity for any useful purpose greatly impaired, or wholly taken away; the feeble from paralysis and age; the idiotic and imbecile; the epileptic, whose minds have been rendered blank by the repetition of the fits; which, as a whole, are more in need of help from others than able themselves to render assistance."

On another subject this able physician makes a statement which will be received with the highest satisfaction by a large number of his professional brethren :

"It is with no little satisfaction that I find myself able to report the fact of there having been no instance of mechanical restraining throughout the year. This variation in practice is not due to any change of opinion, but simply, to the non-occurrence of a case, or, of a condition in which I believe restraining to be necessary. We have not, even, been called upon to apply restraint for a surgical purpose."

During the non-restraint controversy of last year, we felt that the position taken by Dr. Huxley in defence of the occasional employment of restraint in rare and exceptional cases, and for purely medical and surgical purposes, was widely different from the position taken by all other persons who have defended the employment of restraint. We felt that in theory there was but a shade of difference between him and the most earnest disciples of the new system; in practice we now find that there is no difference; for twelve months he has managed an asylum containing near 600 patients, without the slightest resort to the means in question. It is very possible that medical or surgical emergencies may have caused some who slightly differed from him in theory to be less successful in practice. When the eighth report of the commissioners in lunacy occasioned the controversy to which we have referred, there were at least three county asylums to which those who employ mechanical restraint in licensed houses and in private practice might refer for countenance



and authority. This number is now reduced to one, unless Norfolk is to be considered a case of relapse.

The populous county of *Lancashire* contains three county lunatic asylums, the reports of which are collected into a pamphlet of 125 pages. The medical officers of the *County Asylum at Lancaster*. Dr. De Vitre and Mr. Broadhurst remind and congratulate the visitors that this "was among the first institutions in the kingdom to recognize and adopt the non-restraint principle of treatment." They thus review the results of this change:

"It will be within the recollection of many of the visitors, that previous to the year 1840, mechanical restraint formed the rule of practice rather than the exception; all cases on admission were at night placed under restraint, and were only released when, from familiarity with their symptoms, it was thought they could be trusted without; two large compartments in the asylum were fitted up with a variety of mechanical contrivances for the constant restraint of refractory patients. These compartments contained a row of stalled seats, surrounding nearly two-thirds of the wall in each room, and served the double purpose of a water closet and ordinary seat; the flagged floors were heated by hot air, and the patients were secured by handlocks to each side of the upper portion of the stalls, and by leglocks to the lower portion, the heated floor superseding the necessity of stockings and shoes: all the bedsteads, and many of the fixed seats, were so constructed as readily to admit of the free use of mechanical means to restrain their occupants. Early in the spring of 1840, an attempt was made to mitigate the horrors of such a mode of treatment, and with the cordial sanction and approbation of the visiting magistrates, these compartments were speedily abolished, along with all other forms of mechanical restraint then in common use in all parts of the establishment. Since the above period upwards of 3,000 patients have been under treatment, and only in one instance has it been deemed necessary to have recourse to mechanical restraint; this occurred in 1844, in the case of a violent epileptic patient, who was placed under restraint for a period of six hours, the particulars of which were fully set forth in the report of that year; and it is gratifying to add that in no one case subsequently has it been considered necessary or justifiable to adopt any kind of mechanical restraint as a remedial agent. . . . An appeal can now be confidently made to the statistics of the asylum, in proof of the unspeakable advantages of moral over mechanical means of treatment, as observable in the general quietness and decorum of the establishment, in the cheerful aspect of the patients, in the comparative freedom from acts of destructive violence, and in the large proportion of inmates who are constantly engaged in some useful occupation; to which might be added, a decreased mortality, and an increased percentage of cures."

In the report from the *County Asylum near Manchester*, the medical superintendent, Mr. Holland, speaks of the attention given to employment and recreation as an auxiliary to the strictly medical means adopted in the treatment of the patients. Mr. Holland thinks that the criticism to which the extensive employment of patients has recently been subjected is severe and not altogether just, and he expressly denies that he either overworks patients, or that by retaining them longer than necessary in the asylum, he

sacrifices their interests to the economical interests of the institution.

The well written report of Mr. Cleaton, the medical superintendent of the *County Asylum near Liverpool*, is distinguished by an able investigation of the prevalent cause of insanity in that district. He finds that in more than one-fourth of the patients admitted during the year insanity has been caused by intemperance; he compares this fact with the remarkable statements made by the Rev. Mr. Clay, in his paper read before the British Association, on "The effect of good or bad times on committals to prison;" the conclusion of which is that abundant labour and high wages in Lancashire are productive of an increase of crime; which increase Mr. Clay attributes to the fact that high wages bring with them to the ignorant poor the means of gratifying the propensity to intoxication. Mr. Cleaton states that Mr. Clay's opinions, and the well-known relation which exists between crime and insanity, have induced him "to examine the subject, for the purpose of ascertaining in what degree the latter was influenced by conditions apparently so powerfully affecting the former." The conclusion at which he arrives, and which he illustrates by tabular statements, are expressed in the following quotation:

"In those years in which, from the high price and abundance of labour, the demand for relief was the smallest, the number of lunatics was the greatest, and the converse. If the six years are divided into triennial periods it will be found that while the parochial and charitable relief required in the last three years has diminished about 50 per cent., insanity appears to have increased 65 per cent. Should it therefore appear, after more extended observation, that prosperous times are, as compared with seasons of commercial depression, not only accompanied by a greater prevalence of crime, but are also attended by an increased developement of insanity, we must, I apprehend, look, in the latter as well as in the former example, for an explanation to the greater prevalence, at such periods, of *intemperance*, the too frequently besetting sin of the thriving operative and well-paid mechanic."

The conclusions arrived at by Mr. Clay with regard to the prevalence of crime, and by Mr. Cleaton with regard to that of insanity, are so far opposed to the general experience of this and other countries, that the explanation of this remarkable anomaly must be sought for in some peculiarity of the district. In the country at large, committals to prison bear an inverse ratio to the prosperity of the labouring classes; and from inquiries we have instituted on this subject in an agricultural district, we arrive at the conclusion that the same ratio obtains in the occurrence of insanity. The anomalies indicated by Mr. Clay and Mr. Cleaton are, however, easily intelligible, on the supposition that while the working classes

are better paid in Liverpool and its neighbourhood than in agricultural districts, they are infinitely more unthrifty and more intemperate.

The report of the *County Asylum for Leicestershire and Rutland* appears in the form of a handsome pamphlet; but as it is the custom of the Visitors to exclude from its pages the annual report of the medical officers, it does not contain a single paragraph which will be interesting to our readers.

The report of the *Lincoln Lunatic Asylum* is this year entirely occupied by tables and lists of benefactors.

From the report of the *Lincolnshire County Asylum*, we learn that the visitors have resorted to the same expedient to provide treatment for cases which their asylum could not accommodate as that adopted by the visitors of the Gloucester asylum; the supernumerary patients having been admitted into the Derby asylum. It is very remarkable that in their second annual report the visitors should have had to report that their new asylum could not provide accommodation for the lunatic poor of the county. The difficulty appears partly to have arisen from the preponderance of female patients brought for admission. The institution, built to accommodate 250 patients, would appear to any one conversant with the subject, decidedly undersized for the large and important county; a county whose area, ranks as the third largest in England, being only inferior to Yorkshire and Devonshire. The asylum, however is well known to be admirably built and arranged, and to present peculiar facilities for enlargement. The business-like report of the accomplished superintendent contains the following interesting paragraph on the non-restraint system:

"Many of the cases presented features of deep interest to the psychologist and physician, and rich materials for thought to the pathologist, but such purely professional details are plainly unsuitable for the pages of a general report. There is one subject, however, connected with the treatment of insanity, which cannot in fairness be passed over in the report of any public asylum, and that is the hitherto much vexed question of the necessity, usefulness, or mischief of the employment of mechanical restraint as a remedial agent. The opinions of nearly all the medical superintendents of asylums in the country were collected by the Commissioners in lunacy, and appended to their last report; and a lucid commentary on them by Dr. Conolly subsequently appeared in a new and ably conducted periodical, "*The Asylum Journal*." The result of this muster was somewhat disappointing." "So far as the experience of the superintendent of this asylum goes, he is convinced that no more pernicious agents were ever introduced into institutions for the insane than mechanical contrivances to check the disorderly outbursts of maniacal excitement, or to antagonize the suicidal impulses of melancholy. Whatever the effects of such rude means may be on some rare and exceptional cases, whether productive of injury or otherwise, he has no doubt that their effects on the patients generally are to excite perversity and resistance to moral control, and on the attendants to inculcate a reliance on coercive measures rather than on those of a guiding and directing



character. None of the presumed exceptional cases have as yet appeared in this asylum, nor has any instrument of restraint ever been within its walls, save to call for the pleasing duty of immediately removing it from the person of some newly-arrived patient, and sending it away."

In the report of the *Manchester Royal Lunatic Asylum*, at Cheadle, the superintendent, Dr. Dickson, discusses at length the causes which influence the friends of patients to postpone placing them in an asylum until too frequently all hopes of cure are futile. In some measure he attributes this to the friends and relations of patients being apt to overlook the symptoms of insanity in its earlier and more curable stages. The more efficient cause of the evil, however, he traces to the stigma of disgrace which is attached by the public to any person who has been under treatment in an asylum. Insanity, he truly says, is "no respecter of persons; it is a true cosmopolite, attacking all ranks and classes of society;" and the motives of the over-strained emotions by which it is caused, are frequently in themselves praiseworthy and commendable. If the causes which produce diseases of the brain had produced dangerous disease in some other organ, the patients would have received the kindest sympathy from all who knew them.

"But, because the disease has chanced to affect that other, and nobler organ, that of thought, sentiment, and feeling, the brain itself, the sufferer is subjected not only to a deprivation of all those attentions he would have received under other circumstances, but the earlier stages of his disease are tampered with, the proper treatment is delayed until treatment becomes nearly or altogether unavailing, and his death (if he dies) is looked upon as a "happy release" to himself and his friends; if he recovers, he meets with no congratulations, no one is happy to see him restored once more to health and reason, but during all his after life he encounters the full brunt of the prejudice already alluded to, affecting not himself alone, but influencing in some degree the future prospects of all related to him."

Dr. Dickson's interesting report indicates that this small but important institution is under skilful and careful management.

In the report of the *Asylum for the Counties of Monmouth, Hereford, Brecon, and Radnor*, the superintendent, Dr. Allen, mentions that the neighbouring railway cutting has cut off the springs, and caused a deficient supply of water. Excursions into the surrounding country have been frequent and highly prized by the patients.

The health of the establishment has been good. Dr. Allen makes some judicious observations on employment, from which we extract the following:

"As a class, the insane are not inclined to be industrious, but rather the reverse, and this appears to be owing to their disease. When a person in a sane state of mind suffers from sickness or bodily infirmity, he is usually disinclined to exertion, or to apply himself to any pursuit which requires labour of either

mind or body; and this is more especially the case with the insane, many of whom suffer, and suffer severely, without having sufficient intelligence to express it. It has been found in this asylum, that a large proportion of the mechanical or other useful work performed by patients, has been done in the few weeks preceding their discharge, when they are approaching to convalescence."

The report of the *Norfolk Lunatic Asylum* is in a great measure occupied by various statements and documents relative to the death of William Sizer, the circumstances attending which have already found place in this journal. The great improvements which were introduced into this institution by Dr. Foote, have been adopted by his successors. In one respect, however, a retrograde step appears to have been taken :

"Without entering into the *vexata questio* of the necessity of altogether abolishing personal restraint, the practice has been to avoid it as much as possible; during the past twelve months only four patients (male) have been subject to its use, in three instances for the purpose of keeping applied necessary dressings; in the fourth case, a patient, acutely maniacal, could no otherwise be prevented from destroying everything within his reach, gnawing into plaster, wood, and even bricks."

"No report was published last year of the *Northampton Hospital for the Insane*. Dr. Nesbitt has however kindly favoured us with the statistics, which will be found in the table appended hereto.

The report of Mr. Lee, the medical superintendent of *Oxfordshire and Berks*, is an able and somewhat voluminous document. Mr. Lee enters fully into the discussion of the non-restraint question, opened by the commissioners' eighth report. As, however, this question has been very fully discussed in our own columns, we think it unnecessary to quote his judicious observations. The following account of a patient brought to the asylum with the skin and tendons of the wrists sphacelated by the pressure of cords, will be read with interest:

"In July last I had occasion to call the attention of the committee to the injuries inflicted on the patient C. S., a policeman, by the injudicious restraint applied to him before his admission to the asylum. I have received a letter regarding him, from which I extract the following passages. "The horrible lacerations on the arms of C. S. have been the just object of enquiries and animadversions of yourself and the visiting magistrates. As the last medical attendant I will relate the case to you, and I think you will find that I was not the cause of it. It was quite evident that he was suffering from fever: he was a quiet, temperate man, of exceeding good character. His wife employed a regular keeper, a man who had been employed in that capacity in several asylums. On the following Thursday I desired that all restraint should be removed, that clean linen should be applied to him preparatorily to his removal to St. Luke's. At night the keeper left him, and went home to bed, having first fastened cords round his arms and feet and secured them to the bedstead. These cords, as it appeared, were left loose; and, in the night, he became violent, straining and lifting up the bed in his rage with the cords. I was called up to see him about six o'clock in the morning, when this tragical occur-

rence was first made known to me, the whole extent of the injuries I at once saw. I could not have foreseen that the keeper would have acted thus, but it was quite evident he had a considerable knowledge of insane people, picked up in his capacity of keeper. I trust that you will show this statement to the visiting magistrates who commented on S.'s case!" The conduct of this keeper is an evidence of what example teaches with deficient intelligence on the part of the person who ought to have profited by it. It is a precedent of restraint followed in the mildest manner by one who had neither the anxiety nor the intelligence of his teacher. To be really mild, a restraint, applied to the limbs, needs to be firm and secure. The handcuff of iron is well proved to be the mildest application of the sort. It is effectual; it forbids resistance; and it inflicts no injury to the wrist; it is revolting and disused; yet it is an object which the advocates of restraint need to contemplate."

Mr. Lee gives the following tabular comparison of the results obtained during five years in the asylum under his charge, with the average results during the same period of time in twenty-two other county asylums:

	Average No. Resident.	Average No. Admitted.	Recovered per cent. on No. Resident.	Recovered per cent. on No. Admitted.	Died per cent. on Residents.	Died per cent. on Admissions.
22 County Asylums .	360	34	13	38.3	11.3	33.2
Littlemore Asylum .	334	36	13.7	39.1	10.2	28.3

The fifty-ninth report of *The Friend's Retreat*, near York is printed at the asylum press, by "a deaf and dumb patient, whose faculties have evidently brightened under the pleasant stimulus of this occupation; and whose beaming eyes express as strongly as the words he cannot utter, the great accession of happiness his present life affords him." This institution, the cradle of the humane treatment of the insane in this country, has recently undergone great additions and improvements. The spaciousness and architectural pretensions of the new building are justified by Dr. Kitching on the grounds that the advantages of an improved sanitary condition are necessary to an appropriate treatment of the insane. "The full influence of light, of a pure air, of a proper temperature, are amongst the foremost sanitary requirements." Dr. Kitching estimates that an insane person should have at least twice the room allowed in his dwelling that is needed for a sane person; and he justly thinks that they should "not be huddled together in the smallest space compatible with their physical well-being." It appears from the following passage, that persons are allowed to continue in residence at the Retreat after their recovery, an arrangement which, under the humane and wise management of this institution, can only be a privilege; but which, under other circumstances, might easily degenerate into an abuse.



"The number of patients discharged cured has been rather below the average. This is to be explained by the recovery of several persons whom it has been deemed inexpedient to discharge, on account of the unfavourable circumstances into which their return would throw them; and it is more in accordance with the objects of an institution like this to preserve such patients from an inevitable relapse, than to swell its list of cures by the discharge of cases which would almost certainly soon re-admitted. The circumstances of one of these patients was explained to the Commissioners in lunacy, and their concurrence in the same view was readily expressed."

The perusal of the following passage gave us peculiar gratification, as it strongly indicates that the spirit which animated William Tuke and his associates when they founded this asylum, is still active in the society of which they were members.

"The government order for closing the Friend's burial ground at York, on the first of the eighth month, has led to the selection of a site for a burial ground upon these premises for the joint use of the Friends of York, and of this institution. It has been thought that the discontinuance of a separate burial ground for the use of this establishment, and the indiscriminate burial of the sane and the insane in a common resting place, would divest the idea of dying in the establishment, of some of those feelings which are so naturally suggested by the sepulture of the insane in a separate burial place. The removal of every barrier by which the insane are separated from the rest of the world in idea, whether it regards them alive or after death, is an appreciable advantage. Although the lunatic is necessarily much separated from the sane during life, that is surely no reason why his ashes should not mingle in one common ground with those of his sane fellow creatures; whilst it is hoped there is no sane person of christian feeling, who would shrink from the idea of lying in the "cold obstruction" of the grave, side by side with one whose life had been closed in the course of one disease more than another."

We have long been aware that even pauper lunatics often entertain a strong objection to being buried in an asylum cemetery. Among all sects of our countrymen in agricultural districts the feeling that the churchyard is the only right resting place for their remains is exceedingly strong, and frequently maintains its vigour through the phases of mental disease. We have often known a dying lunatic earnestly entreat his relatives to bury him in the churchyard of his parish, a request with which the relatives are often unable to comply on account of their poverty. The aspect of the cemetery also has a depressing influence even upon patients who are not likely soon to become its tenants; to avoid this influence it is often pushed into some obscure corner of the grounds, and it is hard to say which evil is the worst, this, or a more cheerful and therefore a more obvious site.

The report of Dr. Oliver, the superintendent of the *County Asylum of Salop and Montgomery*, furnishes us with the following interesting quotation on the connexion of the etiology and pathology of insanity :

"The extreme gratification afforded by the occasional, but comparatively rare opportunities of a day's excursion to some pleasant part of the country, and the pleasure which many more frequently derive from shorter walks in the neighbourhood of the asylum, from visits to the town, and from any incidental circumstance that can temporarily break the monotony of life in such a situation, afford ample evidence as to the direction in which the means for still further ameliorating the condition of the insane are to be looked for; and a very rough analysis of the circumstances which usually accompany the development of insanity will materially tend to substantiate this proposition. The mere fact that an overwhelming majority of those persons for whom seclusion in asylums is necessary actually belongs to the pauper class, which comprises scarcely six per cent. of the population, is sufficient to indicate the general nature of the causes from which the malady springs. Whether it arises from some inherent constitutional inability to cope with the ordinary difficulties and trials of life; is produced by a violent emotional shock from some sudden and overwhelming calamity; by a long process of care and harrowing anxiety; by too eager and intense an application to any particular business or pursuit; by dissolute and intemperate habits; by poverty and its attendant miseries; by hemorrhage; by hyperlactation; or by any other thing; there are strong reasons for believing that the proximate cause in every case is identical, and that the disorder of the intellectual operations depends invariably upon an impediment either partial or general, to the due supply of nutrient material through the capillary network of the brain. It is certain, moreover, that whenever the cerebro-spinal functions become seriously impaired or disordered in this way, a corresponding change takes place in the organic energies of the system, and that the plastic operations of the economy are imperfectly performed. The elements of the respective tissues are not furnished in due and harmonious proportion by the blood; in other words, the general function of nutrition becomes vitiated; in a large majority of chronic cases it is found to be utterly impracticable to reverse the process by which this unfortunate result has been arrived at; and there is also reason to believe that eventually, when the disease has thus become established, *the brain invariably loses weight.*"

The annual report of Dr. Boyd, the superintendent of the *Somerset County Asylum*, is always replete with medical and pathological interest; it is so full and copious, that want of space prevents us from doing the merest justice to it. Dr. Boyd divides his report into a general, and a medical report; to the latter he appends an obituary table, drawn up with great care and fullness of detail. On the subject of cretinism he says :

"There is a district including the parishes of Chiselborough and Stoke-under-Hamden, in this county, which I recently had an opportunity of visiting through the kindness of one of the visitors, where idiocy manifests that endemic character called cretinism, and which is so well known in Switzerland. We visited some families in which were several cretins, of both sexes, presenting the characteristic bodily deformities. The removal of such cases at an early age, to an open and elevated situation, has been attended with the most beneficial effects. Bronchocele, or as it is termed in the district alluded to, "the thick neck," is also common among females reared in these localities, who present no appearance of weakened or impaired faculties. In fact, there is no necessary connection between bronchocele and cretinism, beyond that of their common birthplace; and it is somewhat remarkable that although we have had several female patients admitted into the asylum with bronchocele, we have had no case of cretinism. Insanity occurring with bronchocele is quite fortuitous; and it is common enough for such patients to recover their reason and yet leave the asylum with the bronchocele as large or larger than when they entered it."

A most valuable statistical summary is also given of the first 1,000 admissions; from this we extract the following on the form and probable causes of the disorder:

" $38\frac{1}{2}$  per cent. of the males and nearly 50 per cent. of the females were in a state of mania;  $7\frac{1}{4}$  per cent. of the males and 4 per cent. of the females were in a state of monomania;  $11\frac{1}{2}$  per cent. of the males and 18 per cent. of the females were in a state of melancholia; 11 per cent. of the males and  $10\frac{1}{2}$  per cent. of the females were in a state of dementia or incoherence; 6 per cent. of the males and nearly 4 per cent. of the females were in a state of congenital imbecility or idiocy; 11·2 per cent. of the males and 8·6 per cent. of the females were epileptic; 6·8 per cent. of the males and 1·8 per cent. of the females were in a state of general paralysis; 2·6 per cent. of the males and  $\frac{1}{2}$  per cent. of the females were in a state of moral insanity; 3·3 per cent. of the males and  $\frac{1}{2}$  per cent. of the females were in a state of delirium tremens; 1 per cent. of each sex were in a state of delirium from fever; and  $1\frac{1}{2}$  per cent. of both sexes were in a state of fatuity. The causes in 26 per cent. of the males and 32 per cent. of the females were moral, in which were included fright, grief, disappointment, superstition, pride, &c.; in 54 per cent. of the males and  $47\frac{1}{4}$  per cent. of the females were physical, in which were included 15 per cent. of the males and 18 per cent. of the females from hereditary disposition, and 12 per cent. of the males and 2 per cent. of the females from intemperance; in about 20 per cent. of each sex no cause was assigned."

From the report of the visitors of the *Stafford County Lunatic Asylum*, we learn that the average charge for maintenance in county asylums was 9s 3d per week. This fact, which will be interesting to many of our readers, was doubtless ascertained with care and accuracy by the visiting justices who have placed it upon record. The report of Mr. Wilkes, the medical superintendent, now a commissioner in lunacy, is characterized by that sound judgment and thorough knowledge of asylum management which have won for him his recent promotion. Mr. Wilkes mentions the death of an epileptic patient which occurred in a singular manner: while leaning forward to wash his face in a little water which had been left in a bath he had an epileptic seizure, and falling with his head in the water, which just covered his mouth, he was soon afterwards found quite dead. Speaking of the effects of liberating the insane from mechanical restraint in 1841, Mr. Wilkes writes:

"The effect of this change upon the old inmates of the asylum was in a marked degree beneficial; one patient who had been regarded as incurable and for a length of time had been wearing the muff and hobbles, rapidly improved upon being set at liberty, and ultimately recovered. The excitement of the patients generally was decidedly diminished; they were less noisy and restless at night, and destructive propensities and objectionable habits were, in many instances, gradually overcome. With greater opportunities of doing mischief, less absolutely occurred; and now, without a window in the asylum in any way protected, and with a much larger number of patients, there is probably less breakage of glass than ever there was." . . . "The evil of this system of restraint was not simply confined to the coercion of the patients, but the principle pervaded the whole establishment, and the high windows, in many instances



protected by iron guards or wire work, the numerous staples in the walls of the galleries and rooms for confining patients to their seats, and the strongly guarded fire places, gave a gloomy prison-like aspect to the interior of the building, which was perpetuated externally by the cheerless high walled airing courts, destitute of either trees or flowers. Above all, it was evident that the system adopted had a tendency to demoralize, if not to brutalize the attendants, and one of the most important results of the disuse of restraint is the marked effect it has had upon the feelings and conduct of the attendants themselves."

In support of the opinion that the non-restraint system has not increased the number of suicides, Mr. Wilkes states that there has been no suicide in the Stafford asylum since the year 1842. He acknowledges, however, that he is "fully aware that these unfortunate occurrences will baffle every vigilance and precaution, and occasionally take place in spite of any system."

Mr. Wilkes gracefully acknowledges the source from whence springs the propagandism of the new system.

"Regardless of the question of originality of conception, the persevering efforts with which Dr. Conolly laboured to carry out this system, and the immense influence which it has since exercised over the treatment of the insane, not only throughout this kingdom, but in many parts of the civilised world, must ever entitle him to be ranked amongst the greatest benefactors to the insane."

The report of Dr. Kirkman, the superintendent of the *Suffolk Asylum*, is to a great extent occupied by the record of many interesting cases, from which, however, our space prevents quotation. We must, however, find room for the following summary of this experienced physician's philosophical opinions on mental hygiene :

"All functions of the system should have their fair proportion of exercise; none should be overworked either in the individual or in the mass, either in the body or in the mind. It has been remarked by Drs. Arnold and Pinel that most mathematicians and philosophers have not only lived to an advanced age, but that they have enjoyed good health, and have been exempt from mental diseases. Perhaps the number of such men vouchsafed to the world, has been too inconsiderable to enable us to form any correct estimate between them and the rest of mankind; yet reason alone would proclaim the probability of its truth, and medical statistics furnish us with facts which tend to confirm it. Certain it is that nothing conduces to health, equal to a mind preserved in a state of intellectual calmness; and this equilibrium is a necessary attainment, for all those especially who have to act as responsible agents in the cure of others, who from whatever cause may have had the correct balance disturbed. To exercise the heart by reciprocal affection, the conscience by corrected thoughts, and the body by labour according to its strength, is the highest object of attainment. To do this in a right manner, and in due proportion, is the whole science of physiology, as applicable to health. For want of this, the mind is thrown into a distracted state, destructive of its own peace, and of those social and domestic bands which bind family to family, and man to man. All that can be said on the art of preservation of, or restoration to, mental sanity, is included in this principle of conjunction; and as we never can separate the corporeal from the mental, so neither can we dis sever the secular from the spiritual: there need be no such thing in any sense, as profitless

occupation. "In all labour there is profit." Every employment may be made to bear a sacred character, and every honest pursuit tend in its measure to christianize the mind of that man that follows it.

The report of the *Surrey County Asylum* informs us that the Committee, being desirous of increasing the usefulness of the asylum as a medical school, have granted to the resident medical officers the privilege of taking pupils; the committee, however, lay down regulations upon which this permission is granted, by limiting the whole number of pupils to four, and the fees to the very inadequate sum, as it appears to us, of two guineas each, so that the privilege becomes a very small one. The report of Mr. Snape is brief and business-like, and scarcely offers opportunity for quotation. The report of Dr. Diamond comments upon the fact that, "during the past year the disposition of parish authorities to send us such persons as require some little extra care and attention has increased rather than diminished; and reminding the visitors that they have the absolute power to discharge any person detained in an asylum whether cured or not, he suggests that such persons should be discharged to make room for recent cases. We have ourselves had some experience in the discharge of such patients, and that experience has convinced us that union houses, under their existing management, are most improper places for the detention of any class of persons suffering from mental disease: the result of their discharge is, that they are generally brought back in a short period, in a condition of body and mind deplorably altered for the worse. We fully admit that the tendency of asylum wards to become filled up with chronic and incurable cases is a great and urgent difficulty; but we are convinced that its solution must be sought for in some other manner than by the unconditional discharge of such patients, which causes them to be transferred from the legal guardianship of the magistracy to the illegal, or at least, irregular guardianship of parochial authorities. That the management of the Surrey asylum is in a high state of efficiency we are aware, both from personal observation and common report; it is, therefore, not surprising that a zealous officer should be highly satisfied with the favorable comparison his institution will bear with others of the same class; Dr. Diamond says:

"In that occasional leave of absence which you have granted me, and which is so requisite for all persons constantly residing in an asylum for the insane, I have availed myself of the opportunity of visiting other similar establishments. This comparison has enabled me to judge of our advantages and defects; and in respect to the "management of the asylum," I believe it is second to none—especially with regard to the cheerful and domestic character, both of the wards and its inmates."

The Report of the *Warwickshire County Asylum* has not been printed. We have been favoured by Dr. Parsey with a manuscript copy, a perusal of which makes us regret that it has not been published. The statistics are inserted in the Table.

In the fourth annual report of the *Wilts County Asylum*, Dr. Thurnham mentions that some of the cases admitted could not be regarded as bona fide examples of insanity; two or three were cases of mental superannuation; two were cases of the delirium of fever; and one was an example of delirium tremens. Dr. Thurnham regrets that the infirmaries of union houses are not sufficiently well organized to undertake the treatment of patients who, together with mental unsoundness, suffer from advanced age or bodily infirmity; that thus the asylum might be spared the difficulty of admitting cases, the only result of which is to swell the table of mortality. An interesting portion of the report is occupied with extracts from patients' letters, upon which this accomplished physician remarks that:

"Passages like these, from "the simple annals of the poor," quaint as they are, have a truth and freshness about them which must commend them to the feelings of all. Fully does our intercourse with the insane of all ranks prove that, as a class, they are not, as often thought, separated in their mental and moral characteristics, by any broad line, from the rest of the world. In a great majority of cases, the powers of observation are acute, and the mental faculties, to a large extent, unimpaired; whilst the affections are as warm, and the sensibility as lively, as in persons of sound mind. The celebrated French physician, Pinel, observes, that nowhere, except in the pages of fiction, had he met with brighter examples of conjugal affection and fidelity, with fonder parents, more faithful friends, or with instances of more pure and lofty patriotism, than he had witnessed among the inmates of the Bicêtre, in their intervals of reason and tranquillity."

On the important subject of attendants, Dr. Thurnham observes:

"A certain, and by no means low, standard of intellectual vigour and ability, is to be desired in all who have the charge of, or come in contact with, the insane. Such endowments, however, are not the most indispensable. Method, punctuality, and a steady application to business, must be considered as decidedly to be preferred to remarkable talent or energy of character, where all these are not happily combined in the same individual. In the ordinary relations of life, these every-day virtues are of more genuine value than more striking and brilliant qualities; and this is especially the case in connection with insanity; as persons afflicted with it absolutely need a regular and systematic course of treatment. In their immediate attendants, are required vigilance and discretion, firmness tempered by kindness, and above all, the patient discharge of duties which may often be trying to the feelings."

The second annual report of the *Asylum for the County and City of Worcester* is a document which possesses great interest, from the numerous and serious difficulties under which the



institution has laboured, and from the energetic and judicious manner in which they appear to have been met. The asylum is already found too small for the requirements of the county, and £6,000 has been voted for its enlargement. The supply of water has been found deficient, and wells and tanks are being sunk to supply this essential requisite of comfort and sanitary security. This asylum is among several others in which it was found requisite, during this year, to improve the dietary of the patients, and to afford them a larger amount of animal food. This change has "materially assisted in raising the standard of health of the bulk of the patients, and will tend to diminish the average rate of mortality, and to swell the number of cases likely to be benefited in their mental condition."

Dr. Sherlock anticipates that "the asylum will soon contain many patients who, not perfectly sane, but still with some intelligence, and harmless, though eccentric and weak-minded, might be removed from the institution and placed in other situations," could they still be under control and surveillance. Speaking, however, from considerable experience, he expresses a conviction that of all places *workhouses* are most certain to produce a deterioration of any patients removed to them, and to cause a return of their insanity. This effect of the workhouse system upon the insane he attributes to "the absence of most or all of those influences which are known to promote recovery, such as suitable open air employment, sufficient food and clothing, cheerful and well-selected residence, agreeable associations, &c. Our own experience in this respect entirely agrees with that of Dr. Sherlock.

In October the asylum was visited with Asiatic cholera, the infection being imported by workmen coming from the city. "The number of the attacks bearing the nature of the epidemic was thirty-five." We presume that this number includes a large number of choleraic diarrhoea, for the total number of fatal cases was only eight, two of whom were persons much reduced, and fast approaching dissolution. On the subjects of restraint and seclusion Dr. Sherlock gives his opinion in the following judicious and well expressed sentences. His opinion of mechanical restraint is that

"Its application only permanently increases the irritability, destructiveness, and violence of those to whom it is applied, and generally has a degrading effect on the conduct and minds of every one connected with asylums, where such means are habitually resorted to. Seclusion has been found in the practice of this asylum of considerable advantage as an adjuvant with other remedies, but used alone and indiscriminately it is open to great objection. It is of great service in paroxysms of fury attendant on epileptic mania, and prevents the

occurrence of many scenes of riot and disorder, which otherwise at these times would occur. It has also been found useful in cases of extreme irritability, where there exists morbid sensibility and loss of power to bear calmly any external impressions; and in such circumstances it serves to protect the patient from any injurious influences. Patients who are much excited at intervals generally seek the retirement of their own rooms, where they remain unlocked in till the torrent of noise has passed away. The sufferers may, and do often deplore their inability to arrest the occurrence of these temporary seizures, but they naturally desire to avoid displaying their weakness before the other patients."

The report of the energetic and zealous superintendent of the *North Riding Asylum* contains no reference to those topics on which his opinions are so much at variance with our own; while it contains abundant and pleasing indications of the deep sympathy he entertains towards his charge, and the practical devotedness with which he labours for their welfare. Mr. Hill delights to develop and to record all the amiable and the useful qualities to be found in the insane. He dwells upon the enjoyment of their summer pic-nics, for which the farmer neighbours lend their waggons and horses, and in which patients of each sex participate in invigorating and delightful recreations and pastimes. He records how throughout the summer months the male patients get up at sunrise to mow and supply the various applicants from York who come to buy vegetables and fruit, giving an air of freedom and business-like life to the asylum, which is most beneficial in its influence, not only on the inmates, but upon the public, whom it teaches to regard the insane with less of awe and of fear. Mr. Hill points out the very great evil of permitting epileptic and imbecile persons to become parents prior to the outbreak of their more matured mischief and violence, and thus to transmit to future generations an organization predisposed to insanity. He also calls attention to a class of institutions springing up here and there devoted to the care of idiots, and he doubts the wisdom of collecting these unfortunates in masses separate from the other insane, who make compassionate and watchful attendants upon them.

"Good nurses, untiring attendants, the ever sympathizing friends of the idiot are to be found amongst the intelligent, the energetic, and the capable of the ordinary insane, who, however, should be constantly under the vigilant watch, the cautiously directed counsel and studied discipline of those whose tried experience and lengthened observations enable them to view the multifarious infirmities of the mind, as disasters crippling alike the refined and cultivated, and the most learned; the statesman, the poet, the philanthropist and the philosopher; the engineer and the artisan, the merchant, the trader, and the agriculturist; the high-born and him of low degree; the eminent divine and devout worshipper; the demagogue and his credulous dupe; the timid and the bold, the aged and the young, the steady and the dissipated, the dweller amid luxury and the inhabitant of the lonely hut or pestilential alley; sparing no class, making no distinction, but crushing with inexorable gripe the master mind and the pretending pedant."

He also points to the fact that a sufficient staff of trustworthy paid servants, possessing the rare qualifications of forethought, skill in teaching, and tact to command, would, without the aid of insane assistants, render the separate care of idiots more expensive than it now is. Mr. Hill mentions the following circumstance as a proof of the necessity for cautiously regulating the visits of friends of patients. The mother of a patient who was suffering under epileptic mania requested permission to see her :

"An attempt was made to dissuade her from seeing the patient, but without success; and to soothe her anxieties an endeavour was also tried. The result was, she saw her daughter, who was in bed, lying without the power to notice anything around her. The day after, the mother became furiously mad; her strength gave way; six days subsequently she was brought here by the parish authorities, and admitted as a patient, and in eight days she expired."

We find that Mr. Hill is one of the few medical superintendents who do not join in the demand for the exclusion of so-called criminal lunatics from lunatic asylums :

"I might extend this report by a statement of my opinions upon the proposal to establish a central asylum for "criminal lunatics;" but as this is not likely at present to be sanctioned by Parliament, it is not necessary to do more than express my belief that such an institution is not required, and that means are in existence for the efficient care of this doubly unfortunate class; who if they had had justice done them, would not have committed offences against the law, attaching to them a stigma that, not one in twenty, deserves. In a very large majority of cases their overt acts resulted from previous unsoundness of mind, and therefore the title of "criminal" cannot fairly belong to them."

We entertain the pleasing opinion, we may almost say conviction, that Mr. Hill will yet be received among his brother superintendents as a most welcome proselyte to the medical non-mechanical system of treatment.

The Report of the *County Asylum for the West Riding of Yorkshire*, concludes our list. Mr. Alderson has been actively employed in improving the building by removing the circular staircases, and thereby providing excellent day rooms and dormitories, by making new lavatories, removing partition walls in airing courts, &c. He has also been able to appropriate each of the two buildings of which the asylum consists to the exclusive use of patients of one sex.

On the subject of restraint he writes :

"I have much pleasure in informing you, that during the past year, I have not used personal mechanical restraint, except in one instance, and that only for eight hours, and in this case no advantage whatever occurred from its application."

"I have thought it advisable to make these remarks upon the subject of personal mechanical restraint, that wherever this report is circulated, the public mind may be disabused of the impression which prevails, especially amongst some of the more enlightened of the medical profession devoted to the treat-



ment of insanity, that mechanical restraint is much used in this asylum. One public journal citing the Yorkshire asylums, as numbering in the very small minority of exceptions, to the non-restraint system. I beg leave most unhesitatingly to avow that I disapprove of its use : that I believe, in a well arranged asylum, it is very seldom necessary to resort to it ; also from my experience in two other similar institutions, I do not doubt its disuse to be the more humane mode of treatment. With regard to seclusion, I consider when it is judiciously used for short periods, in excited cases, it has a most salutary effect."

We have received Mr. Alderson's report for the year 1855, and we are happy to observe that he is turning the restraint chairs which he found in the asylum, to an agreeable and artistic purpose. He is making them into picture frames. We do not doubt that they are of good well-seasoned oak, and that they will answer the purpose admirably. With the restraint chairs which Sir William Ellis left behind at Hanwell, Dr. Conolly floored the carpenter's shop. With those left behind at Wakefield, Mr. Alderson is making picture frames. We prefer Mr. Alderson's mode of conversion, although some people will say that Sir William's chairs have been canvassed enough already.

We beg to apologise for the space devoted to what many will consider the dregs of a defunct discussion. It is however no fault of ours that the non-restraint question occupies so broad a path through the whole of this epitome of the reports of 1855. We have discharged our duty as epitomisers with conscientious fidelity, and with no desire to trample upon a fallen foe, and "thrice to slay the slain." But the reports published last year are pregnant with denunciations of mechanical restraint, and it would have been impossible to have given an honest epitome of their contents and spirit without quoting largely on this subject. It is a very remarkable and significant fact that not a single report published during the year, contains the slightest or most indirect defence of the old methods. On other matters there is much reiteration in the different reports : the most frequent topics being inadequate accommodation, insufficient water supply, accumulation of chronic and incurable cases, and admission of patients in hopeless states of bodily disease. The statistics are collected in the following table. We have omitted the reports of Hanwell and Colney Hatch, because before this epitome was commenced, an esteemed contributor informed us that he was making them the subject of a distinct article for our pages.

The reports of Bethlem and St. Luke's we have already reviewed. Those of the Irish and Scotch asylums will receive our best attention in the next number.

J. C. B.

STATISTICAL TABLE OF COUNTY AND PUBLIC ASYLUMS  
FOR THE YEAR 1854.

NAME OF ASYLUM.	Numbers resident in January, 1854.		Admissions during 1854.		Total number under treatment.		Died.		Discharged cured.		Dis- charged uncured.		Escaped.	Average number resident.	Numbers resident in January, 1855.		
	M	F	M	F	M	F	M	F	M	F	M	F			M	F	
Bedford	.	131	143	32	57	163	200	10	16	13	19	2	6	.	285*	138	159
Bucks	.	61	95	29	19	90	114	10	5	9	10	2	2	1	162	70	97
Cheshire	.	104	141	52	51	156	192	16	14	19	20	13	12	.	255	108	146
Cornwall	.	117	113	47	49	164	162	19	23	15	19	10	4	.	233*	120	116
Denbigh	.	86	100	44	43	130	143	12	12	12	18	10	4	.	195*	96	109
Derby	.	102	91	76	75	178	166	22	10	24	25	7	8	3	213*	122	111
Devon	.	195	249	53	80	248	329	21	28	22	30	..	..	.	451	204	272
Essex†	.	..	..	204	235	204	235	58	20	20	31	2	1	.	..	124	183
Gloucester	.	158	217	38	83	196	300	17	17	11	28	25	22	.	376*	143	233
Hants	.	108	122	61	70	169	192	12	14	9	19	3	5	.	265	145	154
Kent‡	.	250	310	97	92	347	402	50	34	37	33	13	19	.	562*	247	316
Lancashire, Lancaster	.	355	337	81	68	416	405	44	39	37	25	7	5	.	679	328	336
"    Rainhill	.	181	217	62	60	243	277	31	21	27	34	3	3	.	395	179	218
"    Prestwich	.	244	231	119	129	363	360	62	32	55	66	10	8	1	492	236	254
Leicestershire	.	234	**	131	..	64	67	24	..	18	29	16	7	.	257	271	..
Lincolnshire	.	115	126	45	25	160	151	19	13	18	14	3	1	.	244	120	123
Middlesex, Hanwell	.	410	558	87	82	497	640	41	40	16	14	6	7	.	990*	434	579
"    Colney Hatch	.	515	729	254	138	769	867	135	73	100	42	29	24	.	1237*	505	728
Monmouth	.	101	133	44	62	145	195	20	17	13	23	2	4	2	246	110	150
Norfolk	.	136	163	34	48	170	211	14	14	11	27	8	7	.	304	137	163
Northampton	.	140	145	50	48	190	193	19	12	40	52	..	..	.	290	130	123

NAME OF ASYLUM.	Numbers resident in January, 1854.		Admissions during 1854.		Total number under treatment.		Died.		Discharged cured.		Discharged uncured.		Escaped.		Average number resident.		Numbers resident in January, 1855.	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Nottingham	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Oxford and Berks	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Salop and Montgomery	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Stafford	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Somerset	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Suffolk	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Surrey	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Warwick	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Wilts	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Worcester	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
York, N. & E. Ridings	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
York, West Riding	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Birmingham (Borough)	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
The Retreat, York	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Manchester	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.

\* The numbers thus marked are not given in the Reports, but are the mean of those resident at the commencement and the end of the year.

† During fifteen months from the opening of the asylum.

‡ The year of this Report ends July 5th, 1855.

§ Cured and relieved.

\*\* The sexes are not distinguished in this Report.



*On the Nomenclature of the various forms of Insanity*, by

HENRY MONRO, F. R. C. P., M.B., OXON., Physician to St. Luke's Hospital.

A philosophic and sufficient nomenclature for the various forms of Insanity is still a desideratum, and must, I fear, remain so, until the physiology and pathology of the brain are better understood, and the relationship of mental with cerebral phenomena more accurately determined. A perfect nomenclature for disease, one which could not well be improved, is a rare thing; for to be perfect it should not only indicate the exact seat of the disease, but should also bear upon its face a description of the malady from which the organ or tissue is suffering.

We may expect, of course, to find the best nomenclature for those affections which are best understood, and as the thoracic viscera and their functions in health and disease are peculiarly open to the observation of the senses, as well as to less direct evidence, it is to be presumed that the phraseology for thoracic diseases presents us with a standard of excellence higher than any others. Such terms as pneumonia, pleurisy, pericarditis, &c., are excellent, and cannot easily be improved upon. For diseases in the brain this perfection in phraseology is, I fear, likely to be long wanting. The bony case in which it is contained, and the nature of the functions which it serves, must ever render the special senses of comparatively little use in the diagnosis of its functions or diseases. Certain acute symptoms may in a comparatively indirect manner satisfy us as to the existence of acute disease, and for these we have such terms as phrenitis, meningitis, &c.; but for those more enduring and less acute affections of the sensorium which usually occasion insanity we have no such definite terms, because we have no such definite knowledge of the diseases we are endeavouring to name.

The difficulty in naming the various forms of insanity well, has been in a certain sense increased rather than diminished by the first results of scientific research. For in this, as in many other inquiries, a little investigation only shews us more clearly our obstacles. We used to consider the brain as an indivisible organ engaged in the service of the mind, but now we have to regard it as a compound structure and a congeries of ganglia all of which are not engaged in the same work. In the first place the medullary portion is

believed to be but the conductor of the work of the grey portion ; secondly, some parts of the brain are believed to have little to do with conscious or mental work at all ; and thirdly, of those parts which we may call the true sensorium there is every reason to believe, that the seats of the sensations and emotions the ideas and the intelligence are separate and distinct from one another ; and that while they all administer to one individual mind, various ganglia are allotted to the work of the various great faculties of that mind. And what increases our difficulty still further is that, though physiology gives us every reason to believe that this division exists, we really *know* as yet very little on the subject. Dr. Noble, in his excellent work on Insanity, has given as good a résumé on this subject as he probably could, and this amounts but to little more than a good guess at the seats of sensation, the emotions, the ideas, and intelligence.

But (supposing it to be an acknowledged fact that the seat of common sensation is a part of the cerebellum, of the emotions the thalami optici and corpora striata, and that the ideas and the intelligence divide the hemispheres between them) his new phraseology of emotional, notional, and intelligent Insanity, which is founded upon these data, is imperfect until it gives us some inkling of the sort of disease from which these parts are suffering. I am by no means wishing to disparage his efforts ; I believe that his nomenclature is better than others in so far as it is more simple, comprehensive, and philosophic. I believe also that the course which Dr. Noble takes is the high road to gaining a more perfect phraseology, inasmuch as he will not advance one step in pathology unless he feels himself backed by the kindred sciences. My chief object in adverting to what appears to be the imperfection of his system, is to show that there is still room for discussing the phraseology of insane varieties ; and my idea is to accept his nomenclature as the best general classification that we have ; but at the same time to point out the necessity of subdivisinal terms until science permits us to find one good and sufficient phrase for each form.

I propose to divide this paper into the following considerations.

1st. The great difficulty which must arise in classing cases of insanity at all, in consequence of their endless variety.

2nd. I would comment on the imperfection of the old phraseology.

3rd. I would dwell on the great advantages of Dr. Noble's new system.

4th. I would advert to a few forms of insanity of which I have lately seen many instances, but which are not, in my opinion, sufficiently distinguished by psychologists, and for which a name, be it perfect or imperfect, is much required.

1st. On a superficial view of the insane we are inclined to believe that classification is comparatively easy, and we only find out our difficulty when we try to place a large number of patients into distinct classes. We find then, that if we are satisfied with a general and rough classification we can manage pretty well ; but that if we go a little deeper hardly two cases can be said to be alike. To say this, may be called hypercritical, or throwing a stumbling block in the way of discrimination, rather than assisting it. It will be said, that of course two insane people are not more likely to resemble each other than two faces or two characters ; and all that we really want is a general division ; such a division as we require when descanting on the varieties of the sound mind. Practically I admit the argument ; but at the same time let me say, that I fear that the varieties are far greater and more numerous among the insane than the sane, and that a moment's reflection will shew us that it must be so. Thus, the sane mind, though subject to idiosyncrasy, is moulded at the same time by reasonable, social, and religious laws ; while the insane mind in proportion to its disease is ignorant of these checks. A body of the insane are indeed a crowd of isolated beings, each led by a phantom of its own. I will explain what I mean a little further. The sane mind of one man differs materially from that of another as the most ordinary observer must see ; but if a person analyses character a little he will perceive that this difference is far greater than at first sight appears. Thus we find that one man is hardly conscious of what is meant by carnal appetite ; while another is so aware of it that its abuse seems to him to embody all sin : now the ordinary observer imagines that as our code of morals and religion lays down a law for this temptation, every man must be its victim ; not remembering that in a code of laws all are not equally applicable to all ; that some are appropriate to some men and some to others. In the matter of this temptation there must be the greatest difference among men ; for some are hardly conscious of the presence of a body which enjoys and consequently craves passionately ; others are hardly conscious of animal enjoyment at all ; while a third party



have occasion to look on the body as a subject of constant pain and trouble, and an object to be forgotten if possible. How vast then must be the difference between those springs of thought and action, the instincts and desires, of these individuals. Take again the effect of the world (as it is theologically termed) some men are athirst with desire for distinction; to shine among the great is the one great object of their ambition: others again dread even the presence of the world; their great object is to escape observation; happiness is by them to be found in rest. Again, one man is led by a sense of the beautiful, another knows nothing of this, and all his energies are devoted to the practical; one man finds an easy expression for his thoughts by which they grow and develope; another man's mind finding no outlet in expressive power, recoils upon itself, and finds no field for exercise. How different the various minds of these various men must be; so different, that if it were not for the very multiplicity of emotions, ideas, and instincts, which exist in every human mind, and some few of which will find probably an answering chord in the minds of most other men, different men would hardly appear to have a similar nature. There are among the sane, however, certain great laws of conscience, expediency, and reason, which actuate all, and in defiance of the difference of their instincts bind them together; and thence arises a large amount of that uniformity in thought and action which so happily exists. Among the insane, on the other hand, in proportion to the extent of their insanity, these laws cease to have force; instincts consequently acquire an undisputed sway, and idiosyncracies grow and develope. If you go into an insane ward, you find that the patients, in proportion as they are insane, have no sympathy for one another; this is one of their most distinguishing characteristics; many may turn for sympathy to the sane, but apathy is the prominent characteristic in the conduct of one patient towards another. Very often indeed does one madman see and laugh at the madness of another, but very seldom indeed do they believe in the madness of each other. And is this to be wondered at? One man may believe in and sympathise with the practical life of another; but does one man believe in or sympathise with the dreams of another? and insanity much resembles a long dream, a state of mind consequent on depressed vital and nervous power; where mere association of ideas, or worse than this, habit is the guide, and the superior guidance of reason, and above all, free will, are in abeyance. Dreams may differ from in-

sanity in that the external world is more shut out in the former than the latter, and the motive powers are less under control ; but if we trace the connection of dreams with insanity through the intermediate stages of sonnambulism, trance, and reverie, we find (as I have attempted to shew on a former occasion) that the difference is one of degree, not of kind, and that insanity is but a waking dream.

I am well aware that the degree of isolation and difference among the insane which I have here referred to is interesting in a metaphysical point of view rather than a practical. I acknowledge that in practice only certain great varieties are to be recognized, and that a nice discrimination of minute points will be more than useless ; but I advert to it in order to account in some degree for that difficulty which I have spoken of when I have attempted to classify cases. I have frequently taken fifty insane persons or more and tried to classify them, and have seldom, if ever, succeeded in finding two really alike ; they may generally fall into great varieties pretty well, though this is often much less marked than books would give occasion to believe, but beyond this we can seldom go.

Classification, however, of some sort is absolutely requisite ; it is better to have a very imperfect classification than none at all ; for generalization is the hot-bed of indifference. Let us review, therefore, what those who have gone before us have done in this direction.

2nd. Our ancestors, seeing the necessity of nomenclature, took the very natural course of distinguishing the most remarkable contrasts in this disease by terms which referred to the most apparent symptoms. They did not dwell so much upon the physical cause or the part of the mind which was affected, as they did on the general physical results of the disease. They had neither the science nor the inclination requisite for recondite discrimination. What they wanted was a rough and ready instrument, and they left refinement to their successors : thus the terms mania and melancholia are used in the same way as cholera, tetanus, epilepsy, or a hundred other terms in physical disease which refer only to the most superficial symptoms. Let us trace a little the history of this phraseology.

It may be said that the steps which were taken up the ladder which leads to the platform whence a view of the varieties of this disease may be gained have been as follow. The first step must have been to go into a ward and to have a good idea of chaos presented to view upon the attempt to

question the various inhabitants: much calmness of external demeanour might have existed in many cases, but enquiry presented a chaos of emotions, ideas, and interests, as also of external symptoms. The investigator of disease had so far learnt to appreciate the difficulty of his work; a difficulty perchance increased by the excitement of his feelings and the unsteadiness of his mental view amid such an unwonted scene. To have arrived at a sense of difficulty, and to have obtained calmness of observation was, however, a good and solid step gained, and placed the enquirer a long way above the mere amateur.

The second step, and the one upon which our predecessors were content to remain a long time, was to arrive at the fact that the patients differed materially in these three respects, namely, that some were excited and raving, others despondent and silent, and a third party taking no interest at all in what was passing around them, or only such an interest as a child would exhibit. From this amount of observation arose the terms mania, melancholia, dementia; the various merits of which terms I will speak of presently.

A third step at last was taken; men were not satisfied with this very general history, when they observed that a certain number were neither raving, melancholic, nor demented; that in some points they so resembled sane people, that if it were not for a peculiarity in one or more points, they would appear to have no proper place in an asylum at all; and from the fact that some of this class exhibited only one marked point of aberration of mind the term monomania arose. We are always, however, inclined to exaggerate distinctions when we have noted them, however inert we may be in first appreciating varieties; and in consequence this theory of monomania has been exaggerated to a degree which must have troubled cautious enquirers much. For the truth is that very few indeed, if any, are mad only on one defined point, and perfectly sound in conduct demeanour and conversation on all others; most of these have more than one absurd delusion, or are at least liable to irritability and violence of conduct in matters which have no distinct connection with the subject of their delusions.

A fourth step was taken when men began to observe that in some cases the intellect appeared to be but little impaired, while the moral conduct was unaccountably depraved. When it was remarked that the actions and conduct of certain men became suddenly altered, that there was no sufficient cause to account for this alteration, that the moral



conduct became depraved to a degree which violated morality, common sense, and even the very instincts of our nature, that all these things were in strange and marked contrast to the antecedents of a whole life, but that no delusion or impairment of the intelligence appeared to exist sufficient to account for this conduct, the term moral insanity arose.

Now this well known nomenclature is very imperfect, but it has many advantages which will cause it to maintain its ground long after more scientific terms are in the field. It gives us a good account of symptoms though it deals but little with matters of abstract mind or psychical disease. It refers us to a sort of neutral ground, the spirits, the temper, and conduct; phenomena indeed which springing from the sensations, emotions, and ideas, are evidenced by physical states and gesture. It thus takes an easy course, because it appeals to what a man's common sense and observation must perceive, and calls for little or no insight into more hidden matters. In all these things, however, this phraseology declares that it belongs to an age gone by, when mysteries were rather wondered at than analysed; when results and not causes were investigated: and we must confess that the best right which it has to maintain its ground is in its appeal to the senses, to custom, to our dread of novelty, and to the fact that we are long in finding a better.

Of this nomenclature, however, I would say generally, that if anything more than a rough and ready sketch of many cases is contemplated, the terms are inaccurate and superficial, and through the evil associations of that superficiality which gave rise to it, dangerous.

First, then, it is inaccurate, for in a vast number of cases mania, melancholia, and monomania, are not thus stereotyped. Mania and monomania run into melancholia, and *vice versa*; and more than this, the symptoms of these various forms are frequently so mingled together at one and the same time, that it is impossible to declare to which class a patient belongs. I do not make much of this objection, for with a more philosophic nomenclature we should find the same difficulty in a disease which, like an evil enchanter, haunts all the chambers of the mind, assuming various shapes, according to the company it is in.

But again, if these terms were accurate, if the monomaniac was always free from melancholia, if the morals were not so frequently and so mysteriously impaired coincidently with the

intellect, and so seldom impaired alone, these terms must be called imperfect because they are superficial. For what do we learn of the nature of the disease from them? Not much more than we should of the sane mind from speaking of a sanguine or melancholic temperament. In saying this too, I believe that I am not only bringing forward an analogy, but that these two temperaments often bear a closer relationship to these two forms of disease than mere resemblance. Now who would be satisfied when requiring an accurate history of mental phenomena, to receive a descant upon temperament. To distinguish one mad man from another by the terms mania and melancholia, evinces a really not much better judgment than is shewn in an analogous case by those who are wont to declare one man a hero and another a coward because nervous excitement drives the one furious and deprives the other of power altogether. The unlearned may see a vast distinction between these two men, and circumstances may cause them to meet with very different rewards; but physiologists should with an unprejudiced eye only see in these men the evidence of two degrees of the same thing, namely, loss of nervous power.

But this brings me to my chief objection to the term mania, and it is, that for a long time the fury of the insane has been a synonym for excess of nervous force, and the term mania has become inveterately associated among practitioners of the old school (many of whom still exist) with a strength to be pulled down; a disease requiring antiphlogistic treatment.

Such a practitioner sees a man raving mad; he says, here is excess of nervous action, this must indicate excess of vigour, and this requires a depleting treatment; he bleeds, he blisters, and purges, and finds the fury mitigate for a time; and says again, mania must be the result of excess of power. Now this man had really done little short of quieting the patient by knocking him on the head, for he had taken away his best chance of recovery, and had afforded him every prospect of belonging to that band of fatuous patients which are so remarkable in a large hospital as the relics of the old system, but which are so seldom to be found among those who have enjoyed the more enlightened treatment of modern times. On this subject we can speak with a confidence which few questions of this sort will admit of, as I shall immediately shew; and yet this practitioner acted on that amount of philosophy spoken of above, which makes blind fury courage, and paralysis cowardice. He trusted, in short,

to what he thought was common sense, and knew but little of the laws of nervous action.

If any one at all versed in medical science is unable to appreciate the idea that mania is the result of loss of nervous power, I would refer him to the general history of nervous ailments. There we find that irritable excess of action and paralysis are but two degrees of the same thing. Injure a nerve supplying the muscles of a limb it will cause convulsion, injure it a little more, it will cause paralysis. Injure the optic nerve, it will cause the exaggerated action indicated by flashing lights, &c.; injure it a little more, it will cause blindness. Injure the auditory nerve a little, it will cause ringing in the ears; injure it more, it will cause deafness. Poison the sensorium, it will cause excitement of mind; poison it a little more, it will cause sopor. What can we want more than this to prove that exaggerated action may be but the result of deficient power; and that it is so in mania apart from all theory I could immediately shew. Large statistical tables which I have before me, as well as my own experience, continued through many years, declare that a stimulating diet and the judicious use of wine will appease raving mania, replenish the system, and so prepare a solid cure. During the last five years at St. Luke's, sixty-eight per cent. of the cases admitted have been cured; this is a large percentage. If we reckon back thirty or forty years, and divide this space of time into periods of years, we find a steady increase of recoveries very much in proportion as the diet list has improved. Thus from

1821 to 1830—47	<i>per cent.</i>	recovered.
1831 to 1840—56	"	"
1841 to 1850—60	"	"
1850 to 1855—68	"	"

One hundred years ago the cures at a sister hospital averaged thirty-three per cent.; ten years ago fifty-six per cent.; the deaths one hundred years ago thirty-six per cent.; ten years ago six per cent.; one hundred years ago the treatment was antiphlogistic; latterly it has become more and more supporting and stimulant. I know that statistical tables are not always satisfactory; I know that locality, drainage, and the absence of violent epidemics, during late years, have much to do with this improvement, but, notwithstanding, these are striking facts, and should bring conviction in proportion as they are worthy of attention.

I have heard it said that this view of mania arising from



a physical cause is true, but that it does not apply equally well to that which arises from a mental cause. Such an argument must be based on a very slight appreciation of cerebro-mental laws. No one goes mad till his brain is injured to a certain extent from whatever cause. The brain may be said to be exposed to three cross fires, any one of which may equally incapacitate it; first, injury to its own structure as in a wound or abscess; second, physical injury occurring either in the way of being badly fed, or of sympathy with the deficient functions of other organs of the body; third, the mind may re-act on the brain and cause its vital powers to fail. To deny this power of mind over matter, to deny that nervous structure may be as much injured by a means as impalpable as a thought, as it would be by a blow, is to shut our eyes to some of the most prominent facts of our experience, and to prove that we know but little of nervous action.

In conclusion, let me add that exaggerated action and paralysis, or too much and too little in their infinite and paradoxical results are quite sufficient to account for all the phenomena of insanity. Fury and dullness are already accounted for, but the peculiar state of the monomaniac requires that recognition of the distinct action of the ideas and the intelligence which a belief in the separate existence of the seats of these faculties can best ensure. When we have realized this separate existence during organized life of qualities which go towards the construction of one and the same mind, we can more easily see how excess of the ideas coincident with hebetude of the intelligence, or indeed how one of these states alone may produce a delusion which the reasoning power is unable to subvert. There is nothing more materialistic in this view than in the general belief that the brain is the instrument of the mind. But if there were, I must say that the extreme dread which many evince in finding that during this life mental and cerebral acts are inseparably united, little becomes him who believes that God has given to all things a body, whether celestial or terrestrial, and that his own body shall in a more perfect state exist for ever together with his conscious being. While on the other hand, the man who refuses to acknowledge the dependence of mind on matter, must refuse to believe that alcohol or miasmata can produce delirium.

Apologizing for this digression on the nature of insanity, let me continue my criticism of the old phraseology. It is then, in my opinion, inseparably associated with a shallow

philosophy ; and in so far as the word mania is concerned, I dread the influence of its continuance. A word may be but a breath, but it is often a breath of flame, which devours more terribly than a sword. I wish therefore that some term could be substituted for it which should bear on its face the asthenic nature of the affection, while it depicted equally well the symptoms. Of the term monomania I have already said that it is very inaccurate ; that the patients to whom it is applied generally suffer from more delusions than one, and almost always exhibit an irritability of temperament and conduct on subjects wholly unconnected with their particular delusions. But the chief imperfection of this term consists in the fact that, unless contradicted, the patients generally so called are not maniacal at all. Their characteristic is rather an invincible and generally melancholic persistence in their erroneous notions. Monomelancholia would, on the whole, be a better term for the ordinary and natural state of these patients. It is unfair to refer us to the fury which some of this class may exhibit when feeling themselves injured by contradiction ; for the inventors of the phrase meant to demonstrate their natural not their accidental condition. It arose, I believe, at a time when the unfortunate word maniac was understood to represent madness generally, and monomania was to mean madness on one point rather than phrenzy on one point. We find practitioners in the present day using the word mania in this loose way ; and the term mania is generally understood to be equivalent to lunatic. Of the term moral insanity, I have said that it has been more abused than the term monomania, and that this abuse has been more important in its consequences. I mean by this, that I much question the existence of many cases where the morals are depraved in this morbid manner and the intellect untouched. The class to whom this term is intended to apply had much better be characterized by the phrase emotional insanity, as far as it is possible. This term agrees with the present presumptions of physiology, and does not lead us so directly into those difficulties which must arise from the use of a word which entails the attempt to distinguish between the sinful propensities of a sound mind and the diseased propensities of an unsound mind. The term emotional insanity will not, of course, cover many of those cases which are at present supposed to exist under the term moral insanity, but it will go a long way towards doing so ; and where it is not suffi-

cient, I believe that we shall generally be able to trace some coincident perversion of the ideas or intellect.

3rd. But this term emotional insanity brings me to the consideration of a classification which has been lately introduced, and which may be said to be based upon simple and scientific data. Philosophers in the present day are not content to rest on the analysis of symptoms; and the inquiry after causes has arisen among them to such a degree that they have almost forgotten to make sufficient of the details of disease in their search after causation. We may observe the progress of this endeavour to escape from the consideration of the capricious moods and temper of the patient, and to arrive at more abstruse divisions in the words monomania and moral insanity; but it required that light which a rapidly advancing physiology has recently shed upon the functions of the brain, to distinguish between the forms of insanity in a manner at all satisfactory to medical men.

Common sense and metaphysical enquiry have, it is true, always perceived the distinction between the sensations, the emotions, the ideas, and the intelligence; and one would have thought that a phraseology for insane varieties would have long ago arisen, in accordance with those well recognized faculties of the sound mind. We are constantly recognizing the power which the will possesses to discriminate between these qualities, and to mould a life in accordance with one of these faculties to the exclusion of the others. The minister of religion, when he tells us to leave the life of sensual gratification and to aspire after that which the affections, the imagination, and the intelligence, alike agree in considering their highest aim, appeals to the individual existence of these qualities, and to the power to separate them: the man of intellectual pursuits, when he confesses that the pleasures of animal life, and even of imagination, die out as he pursues his hard and practical studies, recognises this individuality. But while phenomena are deemed to have only a metaphysical existence, men engaged in physical science are peculiarly prone to slight them; and it was not until a well-based physiology had pointed to the probability of distinct ganglia as the seats of these faculties, that a classification of the insane according to this scheme has been able to command attention and respect.

Dr. Noble has lately published his excellent work on psychological medicine, the chief characteristic of which is a nomenclature for insane varieties based upon the physiological theory that the seats of these great faculties of the



mind are separate and distinct from each other ; and I need but refer to his book for the arguments on this head which are to my mind most satisfactory. But *be this as it may*, his terms emotional, notional, and intelligential insanity, recommend themselves to me on metaphysical grounds alone as simple, practical, and scientific. For example, it is very simple and scientific, when we have a patient resisting food, to employ terms which express the cause of this resistance ; to find out whether he resists from perverted sensations, distressing emotions, a delusion, or such a state of phrenzy that he does not know whether he wants the food or not, or even whether he takes it or not. This classification, moreover, is not only a fundamental one in theory, but is very useful in its influence in the treatment of many cases of insanity. For example, it sheds light upon our path in all cases where moral control can have effect, such as the incipient and convalescent stages of insanity. It makes us more decided in the use of moral arguments, and in seeing the importance of administering comfort where it can be appreciated. This classification is also useful in commanding the attention of medical students who are learning the phenomena of the insane mind ; for there is a depth and reality about it which interests far more than the old division according to temper and conduct.

But with a full recognition of its value as a comprehensive and philosophic scheme, I must say that it is not sufficient alone for medical diagnosis, inasmuch as it exhibits even less of the physical state than the old phraseology. Suppose I apply the term notional insanity to a man who refuses his food because he believes it to be poisoned, what step have I made towards medical diagnosis and treatment of the case ? I have, to all practical purposes, gone into the metaphysical world, and am worse off than if I had applied the terms mania or melancholia. These terms may fall very far short of what I have called perfect terms, but they tell us something of the habitus of the patient. It cannot be argued that the existence of separate ganglia for these distinct faculties gives a practically physical air to this nomenclature, for whatever we may believe on this head, it cannot be pretended that we can discriminate in medical treatment between what we may deem disease of the emotional ganglia, and disease of the intelligential ; we cannot pretend to discriminate by applying a blister to the base of the skull in one case, and to the sagittal suture in the other. Local treatment has

done harm enough already in my opinion, but I can hardly conceive the veriest enthusiast in local treatment adopting such a mode. I could sooner fraternize with Sydney Smith's friend, who attempted to soothe the Dean and Chapter by stroking the dome of St. Paul's. It may be said, why do you refuse to give to the emotions and ideas as physical an existence as you concede to the spirits and temper? Do you join the vulgar in calling the spirits physical mind, and the faculties metaphysical? Of course I do not: all physicians must believe that for every mental act a coincident nervous act takes place; whether it is a matter of abstract judgment or a mere conscious sense of comfort. But surely it cannot be pretended that we can as directly influence or handle the seats of these faculties as we can the general system, upon whose state and condition the spirits so directly depend. Be this as it may, I could not view the terms emotional, notional, and intelligential, as practically physical, until I was as convinced of the exact position and functions of these ganglia, as I am of the external receptacles of sight and hearing; and until I could discern their ailments with an accuracy somewhat approaching that with which we can investigate inflammatory action in the crystalline lens or the pleura. And when is this likely to be?

But the best argument, against viewing these terms as sufficient for medical diagnosis, is to be found in the circumstance that Dr. Noble himself does not esteem them so. For while he brings these terms forward as comprehensive divisions, he clings to the old terms as subdivisions; and thus he would speak of intelligential insanity of a maniacal type; notional insanity of a melancholic type. This double naming may appear at first sight inconvenient, but still it is better than to remain content with the old system alone. It is a step in the right direction; it may lead to something more perfect still, and I accept his phraseology with thanks.

If I were asked what course I proposed myself to adopt amid the imperfections which beset phraseology, I would say briefly, that I should use these terms, emotional, notional, and intelligential, as general terms; but that I must have subdivisions expressive of the physical state. At present and for want of better I accept melancholia and dementia as two of them; I would wish to have an equivalent for mania of less dangerous character; I should endeavour to let monomania and moral insanity fall out of sight as much as possible in these cases, and trust to the general terms notional and

emotional insanity. But I hope to say more on the subject of these sub-divisional terms hereafter.

4th. I had intended to have spoken at some length on certain sub-divisions of insanity which have lately much occupied my attention, and which seem to me to require that distinct recognition which a good phrase can alone bestow upon them. On the present occasion, however, I must only allude to one or two of them, as I find that I have already drawn this paper to a greater length than I had originally intended. I do not think that we have sufficiently used what we know of the phenomena of other nervous diseases (not essentially connected with insanity) in the elucidation of insane varieties. We have recognised the advantage of this mode of discrimination by the use of such terms as hysterical insanity, insanity combined with epilepsy, general paralysis, or cerebral paralysis combined with that which is of spinal origin. But I think we may extend this mode of discrimination with advantage. The well known sympathy of action and contiguity of fibre which exists between the various centres of nervous action, the continual observation that the symptoms of the various nervous diseases run into one another, as well as into insanity, should urge us on in this path, and should make us earnest in applying to the treatment of insanity whatever knowledge we may possess of the history and treatment of these kindred and frequently co-existent affections.

Urged by these considerations I have been induced to apply the word *cataleptoid* to a certain class of insane patients who have evinced symptoms bearing a striking resemblance in some points of view to cataplexy. I will now describe this class as briefly as I can.

In a large collection of insane patients we cannot help marking a few who stand in apparently profound sopor; their eyes are glued down or else staring open in a fixed manner, so immovable that you do not observe the least twinkle of the eyelid; the skin is cold and clammy; you speak to them, they will not answer; you offer them food, they will not eat. They indeed are most unwilling to move from the spot which they have taken up. You would say of them at first sight that they are in a perfectly apathetic and probably unconscious state until you try to cross their will, and then you often find a most resolute resistance. The state of the intellect in these cases is often hard to arrive at; for the mind is a prisoner; all the ordinary avenues of expression by which the caged spirit may take flight are



sealed up by an influence of a numbing character, which in many points of view seems to resemble simple drowsiness. Sometimes when you lay hold suddenly of such a patient, you may shake him out of the stupor, and you find that his mind is by no means lost ; that he has a clear perception of all that has been going on even during the trance ; and he will argue about it as about an incubus which he could fully appreciate but could not control. I have heard the term acute dementia applied to this class of cases, but I repudiate the word on many accounts. First, it is a contradiction in terms to speak of acute dementia ; the word dementia should indicate a state of fatuity which is generally the result of acute disease (the second stage as it were of madness), but is always to be applied to a passive rather than an active state ; and to add the word acute to it is about equivalent to speaking of vigorous imbecility. But letting this pass, the state of mind of many of these cases is anything but demented. Certain demented patients do sometimes suffer from this state ; but this will not allow the term dementia to cover the whole or even the larger part of these patients. I will give two or three examples of cases of this nature, where the mind was in anything but a demented state. An elderly gentleman now under my care goes off occasionally into what he calls a trance ; he lies straight in his bed like a corpse night and day, and takes no food for perhaps thirty-six hours. His eyes are closed. He says, when he recovers from this state, that he is sometimes quite conscious of what is going on around him, sometimes not : that he feels oppressed by an incubus he cannot resist. Suddenly he wakes up, asks for food, is frequently extravagantly exhilarated for a time, and then sets about his ordinary avocations. This gentleman tells me that sometimes he feels an extraordinary light-headedness at these times of trance, and as if he had no head at all : he is generally very miserable in mind before his trance has reached its climax, and exhilarated afterwards. This is an intermitting case of what I term cataleptoid insanity ; and one which, from the age and other circumstances, the patient is not likely to recover from.

2nd. A young gentleman has been frequently under my care for some years past ; he would stand or kneel for hours together, without moving an inch, with his eyes sealed, and apparently more lost to the outer world than the case I have just mentioned ; at length, when either roused up by his attendant, or some inward stimulus, he wakes up as it were, *he runs round in a circle*, as if drunk, and then starts off to

his meals. His disease is essentially connected with drinking ; and he gets well generally in a short time. His habit of running round in a circle particularly struck me in connection with the well known results of injury to one of the *crura cerebelli*. It has appeared probable that some temporary pressure at the base of the brain was the source of his affection. This also was an intermitting case.

The 3rd case I would speak of was much more remarkable, in that this gentleman would stand for days in this way, and would apparently never move unless roused. He had to be fed with the stomach pump for weeks ; it was, in short, a continued trance as compared with those I have mentioned. This gentleman was very miserable when he woke up (which he occasionally did) and declared that he had the most disgusting impression of himself ; that he was a vile beast, and that that was the reason why he remained in this state. He also had, I think, an inclination to stagger round in a circle when he awoke up, but of this I am not so certain.

I have, and often have, half-a-dozen cases at St. Luke's under my care, whose disease partakes more or less of this character. They are not generally so lost to the external world as those which I have described ; but they refuse to speak, and almost to move, and frequently a difficulty in feeding exists. I am in the habit of pointing them out as specimens of the cataleptoid class, and the term has, I am happy to say, gained some approval. One of the most natural questions which arise in the consideration of these patients is the exact position of the will : of course if the patients can entirely control their trance ; if it is true, as I have heard a very good practitioner say, "that it is all put on," "he could help it if he chose," the resemblance to catalepsy is at an end. But I believe it to be a great mistake to say that the trance is put on, for I believe that a genuine sense of sopor is felt, and that there are stages of this oppression of the nervous system which no effort on the part of the sufferer will enable him to resist. The position of the will, in these states, seems to be very much the same as it is in drowsiness from the effect of a narcotic. We may resist a certain amount of the poison by an effort of will ; but we cannot resist a greater amount. When a patient assumes this state I believe he always feels a certain amount of necessity to do so : no doubt he could resist it often, much more than he does ; and as the pain of resistance is greater than the pain of giving way to the oppression, he may be said to a certain

extent voluntarily to succumb. But I believe you might as well call the drowsiness after a narcotic voluntary as call this state put on. I will not, however, enter into the endless question as to the position of the will in nervous diseases; suffice it to say, that while no doubt in hysteria and other slight nervous affections it is quite right to rouse a patient, and to declare your belief that the will can do much, on the other hand, the *petit mal* of epilepsy, and other serious nervous conditions, which fall short of actual unconsciousness, shew us that many of these affections belong to a neutral ground, where the power of the will is most uncertain, and often unacknowledged.

I have, however, only space left to mention another class of patients for whose disease a distinct name is, I think, much required; and in the absence of a better name I would suggest *Dysmentia*; a bad compound of Greek and Latin, the best apology for which is to be found in the precedent of *Amentia*. If any sufficient objection exists to such a word as *Dysmentia*, I would adopt the less euphonistic but purer compound *Dyspsychia*. The form of disease to which I refer, has nothing to do with the last class described, and I only mention them together as two forms which appear to me to want naming, in order to render them distinct and easily distinguishable. Indeed this form is, as it were, at the other end of the scale of insane varieties. The cataleptoid form was insanity, plus another disease; whereas this would be by many esteemed hardly worthy of the name insanity. I refer to that state of unrest which so frequently marks incipient insanity, but which sometimes continues for a long time as the chief characteristic of mental disease. This state is particularly allied to, and often springs out of that state of the sane mind which we are in the habit of calling *nervousness*; a state of uncertainty of purpose and feeding upon self, which is so characteristic of those who are called nervous people. I have heard a good practitioner call this form nervous insanity; a term which of course cannot stand a moment's analysis, while we know that all insanity is of nervous origin. The term nervous insanity, however, though incorrect, gives a graphic idea of the symptoms which I refer to. The patients of this class would perhaps with justice come under Dr. Noble's general term emotional insanity. But for practice I think a sub-divisional term, more descriptive of the symptoms, is requisite. This state is characterized by a constant sense of restlessness and mental aching; an irritability which inclines a person to go any-



where or do anything rather than remain in the position they are in. Every question is exaggerated, every moral conviction distorted. The body is frequently in as restless a state as the mind. The hands twitching and picking at objects lying near; the muscles around the mouth quivering, the skin generally clammy and cold, and the complexion altered. There seems also to exist an utter inability to withdraw the attention from the subjects which harass the mind; and yet, with all this bodily and mental distress, no fixed delusion or deprivation of intellect is apparent. Sometimes, however, a threat of suicide is made, and sometimes this threat is carried out. To sum up these symptoms, it would seem as if the sensations and the emotions had lost the composure, elasticity, and comfort of health, and had succumbed to that jarred and shattered state of discomfort so characteristic of disease; and that the misery which this state of things occasions is so great as to overwhelm all power of moral control, and to render the future conduct of the patient a question of the greatest uncertainty. The chief objection to calling this state, insanity, is of course to be found in the fact that similar symptoms exist to a great degree among those who are rightly deemed sane. But when they exist to such a degree as to occasion serious anxiety as to the future conduct, these objections must be allowed to give place to more cogent arguments. By asking a name for this class I am by no means deciding that they are all fit for confinement; and by refusing them a distinct name we encourage rather than mitigate that uncertainty of opinion and purpose which so continually prevails among those who are called suddenly to visit them and to declare their state. The word incipient insanity will not suffice, for it means nothing; though it is true enough historically that these are frequently the symptoms of the early stages of notional and intelligential insanity, and it is probable enough anatomically and physiologically considered that insanity of a physical and constitutional origin should shew itself first in the seat of the emotions, and afterwards ascend to the hemispheres. Not one of the old terms will suit this class; phrenzy, delusion, and melancholy, are not the words to describe it; and I think the Greek word *dus* (for a short word) signifies painfulness and difficulty in action as well as any other. I have no doubt, however, that a better compound could be found. I fully acknowledge that no amount of nervousness can be termed insanity unless it reaches such a degree as to paralyze the will and obscure the reason; for

nervousness is the result rather of nervous energy acting wrongly and feeding upon itself, than abnormal or perverted function.

I hope, however, for another opportunity to discuss at greater length my views on the phraseology of insane varieties; and accepting Dr. Noble's comprehensive but somewhat metaphysical boundaries, to get close to the details of my subject, and draw from nature some more of those *sub-divisional* types which fill these large fields of observation. Such sketching (if not carried on in too subtle a spirit) is most advantageous and necessary for the due elucidation of the subject and for practical diagnosis. It is my hope and ambition to write a few chapters on insanity in a systematic manner, and guided by those arguments which influence writers generally, I have commenced my remarks with a chapter on nomenclature. I am well aware of want of method, and of much triteness in some of the earlier observations contained in this paper. For the latter fault I must plead the necessity I have been under to describe a little the ground from which I commence my remarks; while for the former I must urge the difficulty of beginning with that part of a subject which should be written of last. For we must bear in mind that while phraseology (as the dictionary necessary for the student) is the first subject to be read of, it should (as representing the epitome and digest of an author's knowledge) be the last written.

*Du Suicide, et de la Folie Suicide, considérés dans leurs rapports avec la Statistique, la Médecine et la Philosophie,*  
par A. BRIERRE DE BOISMONT, Docteur en Médecine,  
Chevalier des Ordres, etc. Paris, 1856.

The fact of self-destruction is one of those contradictions in human nature which remains unexplained, and seems incapable of explanation; but it is still a fact, which from its gravity, demands investigation; and whose causes, real and supposed, ought to be sought for, and counteracted by appropriate treatment. It is the subject above all others, whose consideration requires the greatest freedom from prejudice; and this is not easily attained, for suicide,

that mixture of crime and insanity, whichever way investigated, cannot but point to some bad element in human nature, now the physique in morbid excess controlling the morale, and anon, an unhealthy morale perverting the physique. It is thus that in accordance with M. Brierre de Boismont's well known experience and erudition in all subjects connected with the psychological life of man, we find the distinctive characteristic of his work will be "the rejection of all absolute system, the search after the just medium." Human nature is ever apt to run into opposite extremes; yesterday, chains, severity, harshness; to-day, a morbid philanthropy; "for a long time, the suicide was a criminal, drawn on a hurdle and deprived of sepulture; to-day he is insane, and must be confided to the physician's care. The truth is neither in one or the other of these hypotheses."

Having thus cleared the ground, having rejected all previous opinions, in what way has the Author, whose work is before us, found his materials, and what is the extent of his experience? He has investigated 4595 cases, the full particulars of which he has obtained from 15,000 documents confided to him from the public prosecutor's office in Paris. These cases occurred in Paris, and extend over the decennial period of 1834 to 1843.

Commencing with the history of suicide, our author next considers its causes; these he divides into predisposing and determining, deducing them from the nature and circumstances, as furnished by the records of the 4595 cases; he then analyzes the last sentiments of the suicides as exhibited in their writings, &c.; after which we have the consideration of the influence of civilization; the localities of suicide; the objects found upon them; the modes of death, &c.; all these are more or less matters of statistic, and furnish materials for the physiology of suicide; its symptomatology is divided into those cases who do not shew symptoms of insanity, and those which are insane: after which, we have the nature of suicide; proofs of free will; instinct of preservation; influence of organization; its relation to legal medicine; and its treatment.

Such is the course pursued by our author; but in analyzing the cases given us, in studying the statistical tables, and in our application of them, we must not forget that they were gathered from the metropolis of France, from a city where French nationality is always in excess, and where both the physical and moral life, where both general and individual



life, is widely separated from our own. We cannot explain this difference better than by using our author's own words. "Of all modern people, there are none in whom the general sensibility, that feature of the union of the world of facts with the world of ideas, is more developed than in the French. Of prodigious motivity; passing rapidly from one extreme to the other; begetting prodigies; presenting the deepest misery; braving the greatest danger; immolating themselves for life or fortune; possessing the highest degree of warlike courage, but almost entirely void of civil courage; now bending the knee to those they have insulted the day before; seeking emotions even in the refinements of death; forgetful of his best interests; alternately spiritual, gay, generous, and ennuyé and desponding; desiring ardently; instantly changing his ideas, thoughts and wishes; unceasingly carried away by sentiments; the Frenchman presents in himself alone the union of all that which characterizes the qualities and defects of general sensibility; and thus it is easy to perceive why *suicide* is with him so prevalent."

Had not experience told us that this was a true picture, our authority is too good to doubt it. It is then with a certain caution, that all *special* results from the work before us are to be taken. Besides, this general description is confirmed by the fact that during the years 1838 and 1839, the suicides for England were 1 in 5,000 of the inhabitants; while in France for the same years, they were 1 in 2178 of the population. This fact is altogether at variance with the remark that "the sad and severe colour which the Reformation has thrown over the mind is a *cause* not sufficiently remarked," for, from the above figures, we have only two suicides in Protestant England for near five suicides in the same number of inhabitants in Romanist France; a disparity in favour of England greater than can be accounted for by mere difference in method of investigation, verdict, &c.

Having pointed out this general national condition of causality, we shall better appreciate the particular predisposing and determining causes, as given by our author.

1. *Hereditary Influence.* The documents committed to our author's care do not seem to have furnished any information upon this point; but as, on the one hand, so many instances occur in which no such influence can be proved, and as, on the other, such influence is undoubted, we must avoid all exaggeration, acknowledging that it is "incontestible but limited in the suicides of rational persons, while it is much more marked in the self-destruction of the insane."

2. *Sex.*

From 1834 to 1843.	Men.	Women.	Ratio.
In Paris, suicides .	3215	1380	$2\frac{1}{3} : 1$
In France, ditto .	17904	5969	$3 : 1$
In Paris, attempts .	1017	847	$1\frac{1}{4} : 1$

These figures give us about three suicides in men for one in women; and from the number of the *attempts* being so much more nearer equal in both sexes, we may conclude that women more frequently do not succeed in their attempts than men.

3. *Age.* "The epoch of life in which we find the greatest number of suicides is from 20 to 40; but it is at the age of from 40 to 50 that the greatest prevalence to suicide exists. "Old age, generally considered as greedy of life, contributes its cases of voluntary death; but self-destruction at a young age, though the most rare, nevertheless seems for years past to have sensibly increased."

4. *Civil State.* Isolation would seem to exert its influence in producing suicides, but we must remember that civil life differs very considerably in Paris from what it is in England.

	Men.	Women.	Total.	
Unmarried	1501	579	2080	} 4595
Married	1129	515	1644	
Widowhood	319	241	560	
State unknown	.	.	311	

Of the 4,595 cases, 48 were natural children, 94 cases were married persons separated, and 27 women enceinte.

In our author's 4,595 cases, there were under the age of twenty,

Males.	Females.	Total.
166	122	288

Of these, the exact ages are not given, but we have given other statistics of suicide at a young age; thus in

Years.	Age.
England, 1838 to 1839, out of 2,000	10 from 9 to 10 years = 1 suicide in 200.
France, 1835 „ 1844, „ 25,760	192 under 16 „ 1 „ 134.

Twenty cases have been collected by M. Durand-Fardel, whose ages were

1 before 5 years.	6 before 12 years.
2 „ 9 „	7 „ 13 „
3 „ 10 „	2 „ 14 „

Children and young people have no fear of death, and the thoughts of death, scarcely, if ever, engages their attention, until reflection and the reasoning powers begin to control the sensibility and sentiments. The late American execution

of a boy aged ten years, at Alexandria, U. S.,\* will read us a lesson upon this point. (See *Psychological Journal*, Jan. 1856.)

The epoch of puberty, is that when onanism and seminal losses are the most frequent causes of debility, melancholic states, and the idea of suicide, and this cause must be borne in mind; we much wish that we could statistically confirm or refute our own opinion that this cause is a national and not an universal one.

#### 5. *Worldly State.*

Rich . . . . .	126	
Independent . . . . .	571	697
Gaining livelihood . . . . .		2,000
In difficulties . . . . .	256	
Ruined . . . . .	159	
Poor . . . . .	709	
Miserable . . . . .	464	1,588
No account . . . . .		310
		<hr/> 4,595

From this we must conclude, that there are causes stronger than pecuniary distress, one half of the 4,595 cases having really had no good cause of complaint, as far as their worldly circumstances were concerned, and because "the territorial departments of France which are most advanced in an industrial point of view, are those which furnish the greatest number of suicides."

#### 6. *Instruction.*

	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
Good . . . . .	467	106	573
Read and write well . . . . .	601	188	789
Ditto, without orthography . . . . .	1145	511	1656
Read, not write . . . . .	1	2	3
Illiterate . . . . .	36	29	65
Unknown . . . . .	969	540	1509
	<hr/>	<hr/>	<hr/>
Total . . . . .	3219	1376	4595

This table confirms that view of the general results of education; that a bad education is worse than none; for here we see that "instruction, when it does not repose upon a solid foundation, seems to favour the tendency to suicide."

#### 7. *Morality.*

	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
Good . . . . .	1256	689	1945
Bad . . . . .	1009	445	1454
Unknown . . . . .	962	234	1196
	<hr/>	<hr/>	<hr/>
Total . . . . .			4595

\* In the reign of King Alfred, Scotus Erigena was murdered by the school boys of Malmesbury with their pen-knives; on this the chronicler says, "I find not what punishment was inflicted upon them; whipping being too little if sturdy youths; and hanging too much if but little boys."—*Ed.*



Taking away the unknown characters, the number of suicides living a regular life exceeds those given to intemperance, concubinage, play, thieving, &c.; but this excess is very considerably diminished, as our author justly notices, by excluding the insane, the diseased, the weak-minded, and the miserable. Nevertheless, though it be true that immorality does and will lead to self-destruction, yet the above table must lead us to believe that there is some other element that must be sought for.

8. *Professions.* To know the influence of professions and trades upon suicide, we should be acquainted with the proportions of occupations one to another, and to the total number of inhabitants. Many given to idleness, vice and crime, learn and practice several trades; so that a mere enumeration of the professions, &c., of our 4595 cases, would give no satisfactory result: our author's *resume* simply states that "certain professions appear to predispose more than others to suicide."

The above named predisposing causes are those which act upon the mass. They are *objective*, in contradistinction to the determining causes, which are much more of a *subjective* character, having their seat in the general sensibility, the passions of mankind. This division is less one of scientific accuracy, than for convenience of study; for under all circumstances, whether we consider it as the cause of suicide or otherwise, "we have almost always discovered some vitiated desire, some unruly passion, some bad direction of ideas or sentiments; in a word, some *suffering*; such is the cry of humanity."

Our author has divided the determining causes into 20; of these he has made 10 groups. For the causes of suicide are rarely simple, many of them being associated together. This has been noticed in 1415 cases of the full number.

The order of these facts and groups is as follows:

1 Insanity . . . . .	652	12 Misconduct . . . . .	121
2 Intoxication . . . . .	530	13 Idleness . . . . .	56
3 Disease . . . . .	405	14 Delirium . . . . .	55
4 Domestic trouble . . . . .	361	15 Jealousy . . . . .	54
5 Grief, contrariety . . . . .	311	16 Gambling . . . . .	44
6 Love . . . . .	306	17 Want of work . . . . .	43
7 Poverty, misery . . . . .	282	18 Pride, vanity . . . . .	26
8 Want of money, misfortune . . . . .	277	19 Different motives . . . . .	38
9 Tedium vitæ . . . . .	237	20 Motives unknown . . . . .	518
10 Sadness, hypochondriasis, &c. . . . .	145		
11 Remorse, judicial proceedings . . . . .	134		

1 Intoxication, poverty, misery, want of money, misfortune, misconduct, idleness, want of work	1,309	5 Love, Jealousy . . .	360
Insanity, tedium vitæ, sadness, hypochondriasis, delirium . . .	1,089	6 Remorse, judicial proceedings . . .	134
3 Domestic troubles, grief, misfortune . . .	672	7 Gambling . . .	44
4 Disease . . .	405	8 Pride, vanity . . .	26
		9 Different motives . . .	38
		10 Motives unknown . . .	518
			<hr/>
			4,595

*1st Group.*

<i>Intoxication.</i>	<i>Poverty.</i>	<i>Misfortune.</i>	
530	282	277	
Occasioned by Grief	Positively known	Loss . . .	98
112	149	Commercial operations	91
Occasioning Insanity	Indicated by circumstances, 133	Debts . . .	87
136		Lottery . . .	1

*2nd Group.*

<i>Insane, 652.</i>	<i>Delirium, 55.</i>	<i>Ennui.</i>	
1 Suicidal and homicidal monomania . . .	Inflam. fever	Tedium vitæ	237
2 Fear of enemies, police, &c. . .	Acute Delirium	Produced by despair, reverie, discouragement	99
3 Insane from grief . . .	Typhoid fever	Weakness . . .	40
4 Monomaniacs of different ideas . . .	Variola	Misery . . .	32
5 Insanity from disease	Rubeola	Grief . . .	23
6 Nostalgia . . .	Acute disease	Domestic trouble	19
7 Puerperal insanity . . .	Sudden arrest	Love . . .	16
8 Critical period insanity . . .		Vanity . . .	5
9 Hallucinations . . .		Fear . . .	2
10 Fear of insanity . . .		Jealousy . . .	1
11 Epileptiform insanity			<hr/>
12 Dementia . . .			237
13 Undefined fear . . .			
14 Masturbation . . .			
15 Imitation . . .			
16 Insanity from wounds			
17 " from lead poisoning . . .			
18 Not indicated . . .			
			<hr/>
652			

*3rd Group.*

<i>Domestic Troubles, 861.</i>	<i>Contrarieties, 311.</i>	
Not indicated . . .	Undetermined grief . . .	34
Grief from reproaches of family, &c. . .	Moral trouble . . .	138
Death of relations . . .	Material interests . . .	50
Incompatibility of temper, adultery . . .	Dismissal from situation . . .	65
Abandonment of wife . . .	Futile motives . . .	24
" of husband . . .		
Death of wife . . .		
" of husband . . .		

*4th Group.**Disease, 405.*

Of these, 214 are indicated, and 191 are unknown. From the list given, which includes almost every variety of disease man is heir to, we conclude, that we must not look to the amount of pain suffered, but to the sort of pain. Some diseases are much more depressing in their nature than others; thus in the 214 cases whose diseases are indicated, we have in the first rank, pulmonary affections, 29; loss of sight, 19; cancerous diseases, 19; paralysis, 17; diseases of stomach, 15; venereal diseases, 14, &c.

*5th Group.**Love, 306.**Jealousy, 54.*

Grief from love . . .	117
Abandonment . . .	88
Promised marriage . . .	58
Death of object loved . . .	16
Forced separations . . .	11
Discussions, quarrels . . .	11
Marriage of objects loved . . .	5

The remaining five groups, whose number we have given in a former table, are not decomposed into elements sufficiently important for especial notice here.

On carefully perusing and re-perusing the tables before us, and the numerous examples given, we cannot but notice that there is no one predominating single cause. It is true that all the determining causes produce suffering; that pain, grief, discomfort, and unhappiness, real or supposed, lie at the bottom of all suicides; but history and experience tell us that even these are not invariable causes of self-destruction. The above negative evidence leads us to assert that suicide is caused by a combination of circumstances, of influences, and of personal constitution, an accurate knowledge of which, in the present state of our science, is very far beyond our reach. Our author says, "all the motives of human actions, the most powerful as well as the most trivial, may lead to suicide. It would seem as if the motives alleged by the suicides, not insane, ought to be the expression of truth; but it is not always so, and not unfrequently we discover in this last act, the deception behind which so many conceal themselves." A further proof that it is not in isolated causes, but in combinations of the physical or predisposing, and the psychical or determining causes that we are most likely to find a solution to our enquiry.



This will be further confirmed by the analysis given in the next chapter, (III,) “of the last sentiments expressed by the suicides in their writings;” a chapter which is replete with deep interest, and is the strongest picture that could be drawn of this peculiar phase of the human mind: we shall, however, pass over it with as great brevity as possible, as it has already been before the English public in an English dress. (*See Psychological Journal*, 1851.)

Among the 4,595 cases, our author has found 1,328 letters, notes, or writings of some sort, in which were depicted the infinitely varied sufferings of the human heart.

They are divided into those of

Good Sentiments	474	152	626
Bad ditto	279	95	374
Mixed ditto	451	106	557

These figures shew that the last sentiments of suicidal persons are more frequently of what may be called a good than of a bad character. But on referring more particularly to the instances given, we find that this goodness is mostly of a passive kind; we are told that “sometimes although the reason given is *false*, it is, up to a certain point excusable.” We would add that in the chain of reasoning that leads to suicide, there must be one or more links *false*, leavening the whole; and as we have just noticed, that there often is “deception” in this last act, and also that “a number of facts prove that the bad instincts of man never leave him even at the point of death” we must dissent from calling many of these sentiments *good*. That there should be, only 374 bad sentiments to 1,183 not bad, in persons committing self-destruction, is highly improbable.

I shall quote some of the passages of our author’s *resume* of this chapter.

“Numerous facts in this (the mixed) section establish, that self-destruction may be committed with all the appearances of reason, of sang-froid, and of courage.” It is to be remarked, that in special establishments the suicidal insane scarcely ever write, whilst the free insane very often leave letters proving their insanity.”

“The examination of causes, and the analysis of the last sentiments, proves that a decided difference separates the suicides of reasoning persons, from those of the insane. The motives invoked by the first are taken from the passions, the desires, and from all the ordinary regrets of life. In the second, on the contrary, the tendency to suicide is determined by hallucinations, illusions, delusive conceptions; by true diseased



## Of the influence of seasons, days, &amp;c.

	<i>Paris.</i>	<i>France.</i>
During the four first months of the year	1,491	7,521
„ four following months	1,837	9,929
„ four last months	1,267	6,423
	<hr/> 4,595	<hr/> 23,873
Day . . . . .	2,092	
Evening . . . . .	766	
Night . . . . .	658	
Unknown . . . . .	1,077	
	<hr/> 4,595	

We now arrive at the physiology and symptomatology of suicides and the deductions drawn from the intimate investigation of the cases. The study of some few cases that have come under our consideration, have given us the thorough conviction that suicide is not *per se*, a symptom of mental aberration, and ought not to be classed as such, or as even, in very many cases, of *temporary insanity*. Nor can we believe, even keeping in view the extreme difference between the *legal* and the *medical* question of insanity, that every case of suicide must arise wholly from crime or wholly from disease. Indeed, to make insanity the sole cause of suicide, would be to shield all crime under such a state; and, to make suicide invariably the result of some physical cerebral disease, known or unknown, would be the “glorification of the body as alone meriting attention.” If, as our author says, “suicide was always due to mental alienation, the description of its physiological and symptomatic character would present no difficulty;” but he finds it is not so, and therefore has considered its physiology, under two heads.

1st. Among reasonable persons, our author declares that, “In youth, suicide is often instantaneous and almost always determined by sentimental emotions, reflection taking but little part.” “A very considerable proportion of individuals threaten suicide; in 4,595 cases, the number of those who have threatened were about one-fourth; those who had attempted it previously about one-tenth.” “The more frequent the attempts are, the more certain is it that their authors are subject to mental alienation.” The important physiological character of suicide in reasonable persons is, that their discourse, their acts, their writings, are the reflex of their temperament, character, and education, and have no connection with the delusions of the insane.

2nd. *Suicide in the insane, or suicidal mania.* On this form of insanity Dr. de Boismont gives us the result of his



own private experience, and analyzes 117 cases that have come under his own observation; and the proportions are so different from those in the official papers confided to him, that it is a further proof in the general argument of the truth of his grand division of suicide. Of the 117 cases, 58 were men, 59 women; *not three to one*. Three-fourths were independent; *not one fifth*. 30 were unmarried, and 14 widows; giving us 44 isolated to 63 married; *not 2640 to 1644*. 70 from the provinces, and 41 natives of Paris; which is again contrary to the conclusions drawn from the public cases. These 117 cases of suicidal insanity were taken from among 440 insane, who had been admitted into M. Boismont's private asylum. Of the 117, the insanity in 94 cases was of an oppressive nature.

53	had intermittent ideas of suicide.	}	94
12	„ a fixed idea.		
14	„ hypochondriasis.		
14	„ melancholia.		
1	„ misanthropia.		
14	„ mania, with excesses of sadness, during which they were suicidal.	}	23
1	„ erototic mania.		
1	„ dementia.		
4	„ general paralysis.		
2	„ imbecility.		
1	„ epilepsy.		
117		Total . .	117

Relative to morbid mental states, he found

Hallucinations of hearing	.	.	.	.	.	83
„ of sight	.	.	.	.	.	30
Illusions of hearing	.	.	.	.	.	6
„ of sight	.	.	.	.	.	13
„ of smell and taste	.	.	.	.	.	33
„ of touch	.	.	.	.	.	6

“These false perceptions exist, most ordinarily associated two or three in the same person, and merit a serious attention in the differential diagnosis of suicidal insanity, and the suicide of reasonable persons.” These phenomena are, in the suicidal insane, of a mere chimeric and fantastic nature; whilst in the motives of reasonable persons who commit self-destruction, we find that errors arising from passion and the physical sufferings of life predominate.

“Of the nature of suicide,” consciousness and the exercise of free will are proved by many cases; and the suicides by the Girondists are particularly mentioned as examples, where “death was a means and not an end.” This is certainly opposed to the supposition that suicide is a form of mental disease. Hereditary disposition is important, and we know

that the physical organization does influence the great as well as the little affairs of life, but all this does not account for the act of those who have killed themselves after full reflection, merely because their life was insupportable to them, who have left cool, clear, and sensible letters behind them, who have committed the act with coolness and determination, in fact, with every intellectual faculty apparently healthy and sound. We must look for some other element than insanity as a cause for more than the moiety of suicides.

“The consciousness of the act, free will, liberty, as shewn in a great number of suicides, are for us, and for many physicians and eminent moralists, facts which appear incontestible. Is there in this doctrine a justification of suicide? To sustain this would be a strange abuse of logic. We are not exclusive: if we do often recognize the destructive character of free will in a voluntary death, we do not scruple to avow the influence of insanity also.”

The treatment of suicidal insanity is divided into two sections, in accordance with our author's division of the suicidal act. In the one, the treatment is moral, religious, and educational; in the other, it is medical.

In reasonable persons, when passion is the cause of tendency to, or attempts at suicide, reason may with success be brought into play; but in directing the passions they must be educated early, and by an enlightened course of study: when the “*tœdium vitæ*” has commenced, *three* means are pointed out; to *avoid sadness*, to *procure a family*, and to *follow some profession*; and in connection with religion there are two grand powers indicated which have already been frequently beneficial, namely, *confession*, and the *cloister*. We can conceive that the former of these measures may be useful, but we have no statistics or other means whereby to judge of the beneficial influence of the latter.

In suicidal insanity we have Mons. Brierre de Boismont's own medical treatment recommended; prolonged baths, and continued “irrigations sustained for five, six, or seven hours.” He has never found bad effects from successive doses of morphia, but it must be continued for three or four months in succession.

We have now followed our author through his work; we have agreed with him in his division of the subject into suicide *raisonnable*, and suicidal insanity; we have believed with him in the compatibility of self-destruction, with free will, with liberty, and with consciousness of the con-

sequences; but we have in vain sought for some principle, under which to class this act, this absurd and erroneous deduction from perhaps clear, precise, and just premises. We perfectly agree with him in stating that in reasoning and conscious persons, "suicide is a crime towards God, society, and the individual;" and in such instances we believe that the circumstances which would lead to self-murder, could and often do lead to the murder of our fellow creatures: homicide and suicide are not unfrequently collateral acts. Wherever crime is rife, self-destruction reigns; and the principle to which the one may be referred will, we think, equally and justly include the other. In this conclusion we exclude those cases where the symptoms of insanity are decisive, and where suicide, premeditated or not, is but the result of some insane conception, or perception. Our author has given an opinion which deserves examination. He says,

"The study of the causes, and their influence in the production of suicide, raises a *problem* which we give without attempting its *solution*. How do these causes come to triumph over the love of life, or rather over the vital principle? What is this principle in itself? Its existence is beyond doubt, but the most impenetrable mystery conceals its essence. We have been deeply pre-occupied with this subject, and we have formed this opinion. It produces in us acts and ideas which reason invincibly denies as belonging to the soul, that immortal creation of God; we instinctively perceive that they are under the dependence of a less elevated order of force, which we will call the *mens inferior*, vital force, principle, &c., in little matters; but which is evidently neither intelligence alone, nor matter alone. We are inclined to consider it, with the learned Abbé Bautain, as the result of the psychical with the physical; under this view, we are willing to adopt the denomination of *organic vital principle*. Suicide, of which we have established two forms, is, we think, a disease, with this difference, that reason preserves itself in the first, while it loses itself in the second form. Its fatal termination is a fact resembling those that are observed in other morbid states, where the vital principle is sometimes conqueror, sometimes vanquished."

Now, we have remarked that suicide is a *crime*: the statistics before us have shewn that man is *not* driven to the commission of this act by any one motive or sentiment alone, but that it most frequently requires a combination of circumstances, acting upon, and a combination of states to receive this action, in accordance with original constitution, edu-



cational influences, and physical development. But is not this the condition necessary for crime in general? Is not crime the *moral insanity* of civilization, commencing with the apparently harmless gratification of some desire or sentiment, and ending in the creation of commanding and uncontrollable impulses, whose gratification is paramount to the consideration of all consequences? It seems superfluous to consider the instinct of self-preservation as a plea for the insane nature of suicide, for, if we take into consideration the general nature of all crime, the wilful perseverance in certain vicious habits, notwithstanding the fully known fatality that must attend their gratification, we shall find continual and repeated examples, where man ignores this principle, this instinct of self-preservation. We confess ourselves very sceptical as to suicide having any relation with self-preservation; for are not the self-sacrifice of the justifiable suicide (as in war), and the daily risks men run for certain ulterior objects, instances both of free will in our disposal of life, and contrary to the instinct of self-preservation? To deny free will, on this ground alone, to many suicides, is to ignore history, and the commonest facts of experience.

We do not forget the moral constitution of man, his *moral temperament*, which clings to him through all the various changes and vicissitudes of life, and which modified by national and social education, by the influence of the age, would naturally give, according to the excess or otherwise of these influences, a certain per centage of suicides out of the mass. We have noticed the natural peculiarities of our French neighbours, of the tendency of the age, and its philosophy; we must notice the great increase of self-love, self-independence, the *Ego*. M. Boismont says "the disease of the present age is pride; every one desires to be something, to attain employment, honor, fortune, and to be spoken of." "We are not able to conceive the number of persons, who, are thrown upon the public with a surface of knowledge, which makes them aspire to everything, and yet fit for nothing, wounded in their vanity and pride, they turn again with fury against the society, which treats them so scurvily." "Success is the general object; alas, for the unfortunate! to perish is all that is left for them." This educational and social effect is not improved by the tendency of certain works, equally fascinating and destructive.

To point out the human passions, the false desires, the excessive sensibilities, that lead to suicide; to acknowledge its relation to pauperism, work, wages, the family, the future;

but to leave out the great analogy it bears to *crime*, is to leave out of view one of its most important relations, and one that will amply repay investigation.

In studying the work before us, we have not been unmindful of the many interesting and illustrative examples given; indeed it would be very curious if amid the 4,595 cases, there were not some, worthy of particular record and quotation; but our object has had a deeper aim than the romantic one of recording individual suffering.

After having given this analysis of 4,595 cases, we find that so varied are the causes, so intermixed and complicated are they in their nature, that suicide remains a mystery still; and we deduce from the work before us, and which is likely to remain a lasting authority upon the subject, that the more impartial, unprejudiced, and undogmatic we are, the sooner shall we arrive at a just opinion respecting the nature of this humiliating phenomenon.

JOHN HILLIER BLOUNT.

*Essay on Intuitive Morals, being an attempt to popularize Ethical Science. Part I. Theory of Morals.* 8vo. pp. 179. LONGMANS, 1855.

"As in medicining of the body," says Bacon, "it is in order first to know the divers complexions and constitutions; secondly the diseases; and lastly the cures: so in medicining of the mind after knowledge of the divers characters of men's natures, it followeth in order to know the diseases and infirmities of the mind, which are no other than the perturbations and distempers of the affections."\* Now this study of "the divers characters of men's natures," the first element, as this great teacher thus states of our art as psychologists, to be a study at all, must, according to his own philosophy, be a study of particulars leading through the great principle of induction to a knowledge of the general laws regulating man's nature, and to the intimate essence of that nature itself, if it be possible. Thus does mental science truly form the groundwork on which the advancement of our art, and the objects therefore of our Association, must be reared and furthered. It is a study which in all ages has occupied the highest in-

\* Advancement of Learning, Book ii. Sec. 22.

tellects, and led to the most elevating views and hopes of man's present and future destiny. Passing from the groves of the academy down through the cloister-shades of the schoolmen, it still lives amid our own academic groves by the banks of the quiet Cam, its progress fraught with hope, specially to the advancement of our branch of the healing art. And though with shame we must confess that the standard moralist of Protestant England falters sadly and in broken notes, when compared with the calm clear teaching of the sages of Greece, we may yet point to the dawn of a better day in the renewed study in our academic halls of the Socratic teaching; a study infusing its influence, though apparently unknown to the writer of it, into the earnest fragment which we have placed at the head of this article.

But earnest though we admit this fragment to be, we yet much doubt the wisdom of its publication. The writer, though "up" in the writings of the modern spiritualists, Messrs. Newman, Parker, and Co., has apparently never read the work on which all our modern views of intuitive morality are based, the Sermons on Human Nature by Bishop Butler. He seems to have read second-hand (which is next to worthless), some of Kant, of which we frankly admit our entire ignorance, and to have got up a small opposition to the revealed ethics of Christianity, in sundry much relished quotations from the Mahomedan writers of our ally the Sultan.

But of the progressive history of Mental Science as traced through the works of Plato down to those of the English divines, Sanderson, Taylor, and Butler, his knowledge is so slight as hardly, we repeat, to justify the present fragmentary publication.

How else account for the extraordinary statement in the preface, "I have sought, and this has been my chief aim to place *for the first time as the foundation of ethics, the great but neglected truth, that the end of creation is not the happiness but the virtue of rational souls.*" If our author had dabbled less in the vague declamations of that "great and brave man" Theodore Parker, and gone a little further on the "old paths," he would hardly have arrived at so crude an opinion. Has he never heard of another "great and brave man," of how he strove in life by his public teaching, in death by his example, to convince men that justice, or better, the *rightwiseness* of Wycliffe's bible, intuitive right, was in its very nature a blessing; injustice, a curse: that the object of man's being here was to bring his whole na-



ture into harmony with this indwelling right, at every cost of present happiness, "so that through the acquisition of temperance and justice (control over the inferior parts of man's nature) and rightwiseness combined with wisdom, the soul might attain to a condition which is more precious than that attained by a body endowed with strength, beauty, and health, in the exact proportion in which the soul is more precious than the body?"\* And again, is he ignorant of Socrates's triumphant conclusion in the 10th Book of the same immortal work; a conclusion almost fore-echoing the sound of the apostolic teaching, "thence, in the case of the just man, we must assume that, whether poverty be his lot, or sickness, or any other reputed evil, all will work for his final advantage either in this life or the next. . . . And thus Glaucon in the tale was preserved, and did not perish; and it may also preserve us if we will listen to its warnings, in which case we shall pass prosperously across the river Lethe, and not defile our souls. Indeed, if we follow my advice, believing the soul to be immortal and to possess the power of entertaining all evil as well as all good, we shall ever hold fast the upward road, and devotedly cultivate justice combined with wisdom." And surely the whole teaching of the apology, the touching tale of the old man's hour before his death, has but the one lesson of his life, that virtue is the harmony of the soul and hence its greatest aim, that vice is its discord, and these irrespective of all extraneous circumstances of happiness or such like?

Nay, did he read the first page of a work he quotes once or twice, (men often quote works they have not *read*,) Dr. Whewell's *Lectures on the History of Moral Philosophy in England*? If so, the following able remarks ought to have convinced him that it is no new discovery of his or of his hero, "that great and brave man," that virtue, not happiness, is the true foundation and very object of ethics. "Schemes of morality," says Dr. Whewell, in his first Lecture, which we well remember having heard read, "that is, modes of deducing the rules of human action are of two kinds: those which assert it to be the law of human action to aim at some external object, (external, that is, to the mind which aims) as for example, those which in ancient or modern times have asserted pleasure or utility or the greatest happiness of the greatest number to be the true end of human action; and those which would regulate

\* Republic, Book IX.

human action by an internal principle or relation, as conscience, or a moral faculty, or duty, or rectitude, or the superiority of reason to desire. These two kinds of schemes may be described respectively as dependent and independent morality. Now it is here held that independent morality is the true scheme. We maintain with Plato, that reason has a natural and rightful authority over desire and affection; with Butler, that there is a difference of kind in our principles of action; with the general voice of mankind that we must do what is right at whatever cost of pain and loss. We deny the doctrine of the ancient Epicureans, that pleasure is the supreme good; of Hobbes, that moral rules are only the work of men's mutual fear; of Paley, that what is expedient is right, and that there is no difference among pleasures except their intensity and duration; and of Bentham, that the rules of human actions are to be obtained by casting up the pleasures which actions produce."

This extract will prove that it is happily not *for the first time* in the history of ethics that our author has placed "the virtue of rational souls" as the legitimate foundation; nay, that ever since man began to think and speculate on the nature of his being, it has always been given to the more gifted and pure in heart to see that there is a law written in our nature, that man is born to virtue—that virtue essentially consists in following nature—that vice is utterly contrary to this nature, and this independent of all the fortuitous results of happiness or the contrary to ourselves or others, which our conduct thus governed or regulated may occasion.

"The happiness of the world," says Butler, "is the concern of Him who is the proprietor of it: nor do we know what we are about when we endeavour to promote the good of mankind in any ways but those which he has directed; that is indeed in all ways not contrary to veracity and justice."

Although therefore we cannot allow, in justice to the great departed, whose lessons in former years we have striven to acquire, any merit whatever to our author for the slightest discovery in the field of ethics, or even for pointing to any light which ages ago was not a beacon well known to those working in the mine of man's intellect, we yet rejoice to find him teaching with his small lights, that sound theory of morals\* so brilliantly illumined by the great writers of the

\* Ethics, or the theory of morals, is the law of virtue and conduct as deduced alone from the study of man's nature. Christian ethics is that law as deduced

English Church, Sanderson, Taylor, Butler; and as moreover this essay is agreeably written, and pleasantly though not profoundly argued, we believe we shall be doing fair service to our readers in placing before them a slight sketch of the author's argument on the doctrine of intuitive morals, and of his "attempt thus to popularise ethical science."

The essay before us is divided into four chapters, treating solely of the theory of morals.

1. What is the moral law?
2. Where it is to be found.
3. That it can be obeyed.
4. Why it is to be obeyed.

It may perhaps, says the writer, be followed, and for many reasons we hope it may, by another which shall develop the principles herein stated in their application to practice, *i.e.*—

1. Social duty.
2. Personal duty.
3. Religious duty.

That branch of ethics he adds, called politics,\* will not be taken into consideration in either volume.

We shall endeavour to put our readers in possession of the views taught in the four chapters of this present essay.

from our blessed Lord's oral teaching. A perfect scheme of ethics must be in harmony with both, or rather these two schemes if sound, will be in harmony. A careful study of Bishop Butler's sermons will satisfy any thoughtful mind that they are so in harmony; and moreover we take leave to doubt whether Mr. Francis Newman, or "the great and brave man" of our writer, have succeeded in assailing this conclusion of Butler's.

\*The uncertain sound of the spiritualists is doubtless little fitted to cope with this highest application of ethics in the investigation of the moral relations of Politics. The Greek philosophers however took a totally opposite view of the practical application of ethics, and conceived its highest aim to result in the enunciation of the laws of social statics, so to speak; the Πολιτικός βίος as contrasted with the Βίος οικειός, the domestic, and with the Βίος κατ'ιδίαν the personal life of the citizen: thus in the Republic, from the middle of the second book downwards, Plato investigates the nature of justice, as it exists in the state, and then applies his results to the case of the individual. He takes as an axiom that the individual is to the state simply as the less to the greater; both as proportionately regulated in their action by the laws of ethics, as are the individual man and our whole planet by those of gravitation. So again, from the first appearance of Christianity on the field of life, it has ever raised its voice against injustice, tyranny and wrong; ever striven through the Church, through chivalry, through the glorious old Whig doctrine of civil and religious liberty, to apply to the social and national relations of man, the grand ethical axioms of its founder, "Blessed are the merciful;" "Do to others as ye would have others do to you," &c. &c.

It was reserved to our times to disconnect man's national life from the moral obligations binding on his personal and social; to allow oppression, tyranny,



I. *What is the Moral Law?* It is too much the tendency of our pulpit teaching to enforce the claims of virtue on the obedience of men, on the ground that transgression of the laws is transgression of the positive commands of One who hath both the power and the purpose sorely and fiercely to avenge his broken laws. We are far from questioning the truth herein taught. We simply state it to be a low view of the beauty of holiness—a sad state of legal bondage for the philosopher to contemplate. For to make the gaining of heaven the end of virtue, the fear of hell its incentive, as we fear too many of the popular preachers of our age do, (and as, alas, they have in all ages done,) is sadly to derogate from the inherent attributes of Right. Surely it were a higher law to teach men that virtue is her own reward, even if she have no other; that she has the promise of this real life we live in, as well as of that to come; that she is beautiful in herself, as well as rich in her dower; that she is an eternal independent power, not a creation of command supported by external force; a natural and indisputable authority, not needing the aid of threat or promise. This necessary postulate to the very existence of virtue seems sadly overlooked alike by the Genevan school of theology, and by the standard moralist of our schools, the miserable expediency Paley, whose whole teaching may be summed up in his own statement, “that the method of coming at the will of God concerning any action by the light of nature is, to enquire into the tendency of that action to promote or diminish the general happiness;” or as Dr. Whewell puts it, “the principle of greatest resulting good.” The first step however, to those who hold the moral law to be something more eternal and real than a mere positive command,\* in the enquiry as to what this moral law is, must be to ascertain whether there really be an eternal moral distinction of actions; whether right and wrong have a living, independent existence, and further, an obligation on the obedience of free rational agents. Our writer assumes this distinction between right and wrong, and

and injustice to riot it unpunished on God’s earth, so long as the modern substitute-phantom for right, *the balance of power* was apparently preserved. How often has this fatal doctrine held back England in all the flush of her power from seeing that right not might, law not brutal Austrian or Neapolitan tyranny, lord it over the human race.

\*“If we make holiness, justice and purity the mere result of God’s commands” says Dr. Whewell, “we can no longer find any force in the declaration that God is holy, just, and pure, since the assertion then becomes merely an empty identical proposition.”

man's obligation to obey the eternal right, as "*the fundamental postulate of sound ethics; a necessary truth given in the nature of man, and incapable of demonstration as the axioms of geometry.*"

"The moral character of good or evil," he says, "is a real, universal, and eternal distinction existing through all worlds and for ever, where ever there are rational creatures and free agents. As one kind of line is a straight line, and another a crooked line, and as no line can be both straight and crooked, so one kind of action or sentiment is right and another is wrong. And as the same line which is straight on this planet would be straight on Sirius or Aleyone; and what constitutes straightness in the nineteenth century will constitute straightness in the ninetyeth millenium, so that sentiment or action which is right in one world is right in all worlds; and that which constitutes righteousness now, will constitute righteousness through all eternity. And as the character of straightness belongs to the line by whatsoever hand it may have been traced, so the character of righteousness belongs to the sentiment or action by what rational free agent soever it may have been felt or performed."

And again :

"But what is this distinction of right and wrong practically considered? Is it not that of actions which are right for a free agent to do, or wrong for him to do? When we attempt to analyse the terms we find that their essential significance is that of obligation to do the right and refrain from the wrong. We cannot sever the idea of such obligation from the distinctions, or think of the moral character of actions, as we can of the æsthetic or dynamic with no concomitant sense of moral obligation. All the axioms of the science of ethics translate themselves spontaneously into the imperative mood: 'it is right to speak truth' means 'speak truth;' 'it is wrong to be cruel' means 'be not cruel.' All our terms for moral distinctions and moral obligations are interchangeable. That which is 'right' is that which we 'ought' to do; that which it is our duty to do, is what is good and virtuous. And this idea of obligation not only responds to but exhausts the idea conveyed by the moral distinction. When we have said that an action 'ought' to be performed, we have rendered to the full the meaning of its appellation of right, good, and virtuous."

Thus, is the enquiry of the first chapter, 'What is the moral law,' solved by the answer, that this obligation to do and feel all right actions and sentiments, and to abstain from those of an opposite character, constitutes in itself the moral law. There is no possibility of severing the idea of right from that of obligation. The moral law is solely the result of the nature of the action, and the nature of the agent; these two terms being given, the obligation of the rational free agent to perform the right action results necessarily in the nature of things. "The moral law, then, is not made at all; it exists necessarily in the nature of things founded on distinctions properly belonging to the actions and sentiments of rational beings, just as the distinctions of equality and inequality belong to numbers—of straightness and crookedness to lines. It is not the standard of right which is or can be shifted so as to conduce to our beatification; it is our virtue that must be fitted to meet that standard.

Human virtue, then, is the end of the moral law only in the sense that it is its impersonation and fulfillment—the concrete form of its abstraction.”

II. *Where the Moral Law is found.* This is the second division of this essay, and prefaced by so apt a quotation from St. Chrysostom that we cannot better open this division of our subject than by quoting it. “Another point which is also demonstrative of God’s providence is, that when God formed man He implanted in him from the beginning a natural law. And what then is this natural law? He gave utterance to conscience within us, and made the knowledge of good things and those which were the contrary to be self-taught. They say that there is no self evident law placed in our consciences, and that God hath not implanted this in our nature. But if so, whence is it, I ask, that legislators have written those laws concerning marriages, murders, and trusts, of not encroaching on one another and a thousand other things? Did such persons perchance learn them from their elders, and they from those that were before them, and those again from those beyond? From whom did those learn who were the first originators and first enactors of these laws? It is evident that it was from the conscience, for they cannot say that they held communication with Moses, or that they heard the prophets. How could they when they were gentiles? But it is evident from the very law which God placed in man when He formed him, that, from the beginning, laws were laid down.”\* Throughout this chapter the existence of ethics, as an exact science, founded therefore on intuitive axiomatic truths, is forcibly argued. Thus at page 51, the writer well observes—

“If there be any fundamental truths of morals holding in our minds the status of those axioms of geometry and arithmetic of whose necessity we are conscious, then those fundamental truths of morals are entitled to be made the basis of an exact science, whose subsequent theorems must all be deduced from them. . . . The popular error is this—that moral consciousness must be a consciousness of ALL moral truths. Ignorance is herein displayed of the distinction between a fundamental truth—an axiom which so far as we can trace is not deduced from any other truth, but is itself the basis of a thought—and a proposition logically deduced from such axiom. Both axioms and propositions are indeed necessary truths. It is no less necessarily true, that ‘the superficies of a sphere is equal to four great circles of the sphere’ than that ‘things which are equal to the same things are equal to one another.’ But our consciousness of necessary truth can apply only in the first place to the axiom, and then subsequently to the proposition, *when* we have found the deduction thereof from the fundamental axiom to be perfectly demonstrated. . . . If we ask an illiterate person whether he have a consciousness that it is a necessary truth that ‘things which are equal to the same thing are equal to one

\* St. Chrysostom. The Statutes, Hom. XII.



another,' he will answer, that he has such consciousness. But if we ask him whether he have a consciousness that it is a truth that 'the superficies of a sphere is equal to four great circles of the sphere,' he will answer that, he has no such consciousness.

"Precisely the same results follow when it is attempted to apply the test of consciousness to the propositions instead of the axioms of morals. The whole validity of the proposition must of necessity rest on the logical accuracy of its deduction from the axiom; which deduction ninety-nine persons in a hundred have never thought of, far less verified. The consequence is, that the answers required from consciousness do not come from it all, and moral science is taunted with an uncertainty which arises from the ignorance of the enquirer. If we ask a person who has never studied morals, whether he have a consciousness that it is a necessary truth, that 'honesty and veracity are right?' he will say, that he has such consciousness. But if we ask him whether he have a consciousness that it is a necessary truth that 'nothing can justify a lie' he will probably answer, that he has no such consciousness. Yet, as the geometer is no less sure of the remotest proposition of his science than of its axiom, though the illiterate person is conscious only of the truth of the axiom, neither need the moralist be disheartened because the man who has never studied morals is conscious only of the veracity of the rudimentary truths of his science and falls into egregious errors when he guesses at the more advanced propositions. . . . He who should argue, that because people ignorant of geometry did not know the sesquialterate ratio of the sphere, cylinder, and cone, therefore no man could know it, or because they disputed it, that therefore it was uncertain, would argue no more absurdly than he who argues the diversities of half-civilized and barbarian nations, as a reason why no man could know, or know with certainty, the higher propositions of morals."

On such and similiar arguments thus happily put, our author concludes this enquiry *Where the moral law is found*, with the answer, *that the truths of morals are necessary truths, that the origin of our knowledge of them is intuitive, and that their proper treatment is deductive.*

In Bishop Sanderson's valuable Lectures "*De Obligatione Conscientiæ*," recently edited by Dr. Whewell, for the Syndics of the University (Cambridge) Press the intuitive nature of moral truths is strikingly presented in all its relations in the definition of conscience thus given in the first Lecture: "*Conscientia est facultas vel habitus intellectus practici, quo mens hominis per discursum rationis applicat lumen quod sibi inest ad particulares suos actus morales.*"

To any of our readers who wish to go further into this subject, we can strongly recommend Bishop Sanderson's Lectures, and he would add a similar hint to the writer of this essay, should he ever embark on its revisal.

III. *That the Moral Law can be obeyed.* Assuming it proved that the science of ethics is intuitive, and its rules of conduct deductive, the important question next arises, can this moral law be obeyed by man?

The solution of this question must be sought through the twofold enquiry:

1. How man determines his actions ;
2. Whether he has the power of so determining them.

The writer of this essay entirely overlooks the first point, and offers a lame jumble of spiritualist-theology in reply to the second.

There exists in the human soul certain motives or springs of action which determine to conduct. These may be aptly classed into

1. The appetites.
2. The affections.
3. The mental desires.
4. The moral sentiments.
5. The reflex sentiments. (*see Whewell—Elements of Morality.*)

These several springs of action tend each to their own objects. Thus, as Dr. Whewell observes, “the appetites have for their objects things; the affections, persons; the mental desires have abstractions; the moral sentiments, actions; and the reflex sentiments have for their objects the thoughts of other persons, or our own about ourselves.”

But these springs of action do not operate upon man as forces operate upon inert matter. *They all operate through the will.* A man is moved by these springs of action when he *will* do that to which they impel him. Acts of will are volitions.

And this leads to the second point, namely, whether the will of man be free; whether he has the power to carry out any act of volition.

On a question like this, which has troubled the thoughts of all thinkers since thinking began, we do not presume to offer any remarks. We shall, perhaps, best illustrate the essay in hand, by quoting the paragraph with which the writer concludes his defence of the argument, *that the moral law can be obeyed.*

“I have now,” he says, “I trust, elucidated sufficiently for the purpose of this work, the five propositions which are included under the subject of this chapter; namely:—

1. That the human will is free.
2. That this freedom, though involving present sin and suffering, is forseen by God to result eventually in the virtue of every creature endowed therewith.
3. That this freedom is limited necessarily and contingently, subjectively and objectively, righteously (by God through His laws, and by our fellow creatures claiming their equal rights,) and unrighteously (by our fellow creatures seizing more than their equal rights.)
4. That it is the essential character of all human duty to be an assertion of this freedom, by giving practical dominion to the pure will over the lower nature.

5. That beside this universal assertion of freedom, into which all human duty may be resolved, man has also a special duty of preserving his moral freedom without abdicating it to his fellow creature, and of preserving his personal and political freedom from the unrighteous invasions of his fellow creatures."

We proceed to quote the observations of the writer, standing as they do in direct relationship to our own art, on the limits peculiar to certain individuals which exist to the exercise of the will.

"The freedom of some human beings is limited by the peculiarities of their organization. These are of various classes: in the first the limitation is absolute, and there is no space left for freedom at all. In others, there is some freedom, but its bounds are closer than in the normal condition of the race.

"There are beings to whom we must still concede humanity, who yet have utterly lost its crown of rationality, or have never yet possessed it. Of this class are maniacs, idiots, infants, and dotards. Here the loss of freedom is absolute. Next there is the class of savages, young children, half-witted people, utterly uneducated people, the intoxicated, and those under excessive anguish, or diseases of body affecting the mind. In all these there is a degree of responsibility, but it is still imperfect. Farther, there are persons not incapable indeed of taking their part in daily life; but still of poor, feeble, wavering minds, never grasping firmly the idea of duty, but aiming at it blindly if at all. These persons are not thoroughly self conscious, to them if they do not their master's will, but few will be the stripes he will apportion.

"Finally, there is a class whom a modern school of philosophy has affirmed to exist, and whose position is at first sight no less appalling than anomalous. It is said that there are persons to whom vicious progenitors have bequeathed such feeble powers for good, such furious passions for evil, that to them virtue is impossible. They are moral idiots, though by no means intellectual idiots; the whole conscience is suppressed in their nature, leaving only an intellectual affectional and sensual being, clothed in the form of manhood, but without its noblest distinction. I shall not stop to consider the veracity of the philosophy which asserts *a priori* that such things may be, nor yet sit the *a posteriori* evidence that they have been; neither shall I enquire into that portentous class of phenomena which have doubtless given rise to the notion of diabolic inspirations—the hallucinations of minds otherwise morally constituted, in which the unhappy victims seem to be for a time continually inwardly prompted to some special crime. Let it be admitted that the existence of moral idiocy and moral mania, if not demonstrated, has been shewn to be possible. The moralist is not further concerned with them than to remark, that if they be found, they place their patients beyond the limits of his science; precisely as much as an intellectual idiot, maniac, or wild beast is irresponsible, so must be the man in whom conscience is utterly mute, or the freedom of the will annulled by diseased action of the brain. Human laws must punish as *mischievous*, crimes committed under conditions which *morally* absolve the delinquent, but which conditions it would be frequently impossible for a human tribunal to take into consideration.

"But having said thus much of the possibility that some human beings do not fall under the category of responsible moral agents, it is necessary to remind the reader that while this possibility ought to weigh in his judgement of his fellow creatures, it can never apply to himself. The fact that he is able at any one moment to *question* whether he be morally responsible, proves that at that moment he is so. Moral idiocy and moral mania can never be self conscious. If a man can apprehend the law, he can obey it. He may indeed commit a crime under temporary mania, and afterwards recover and rightly absolve himself, but he can never say I am now doing no sin, for I am not in a responsible state. And again, we are by no means to conclude that every



perverse reprobate we meet is a moral idiot. The thing if it exist at all, must be the rarest as well as the saddest exception to humanity, and must be appreciated not by the frequency of the sin, but by the absolute absence of all virtue. The test must be, not 'does the man transgress continually,' but 'does he never shew consciousness of right and wrong, never do a good act, or repent of a bad one?'

"We are compelled to believe that everything arising from man's choice depended on a free causality at bottom, which causality impresses from youth up its character upon the phenomena; these phenomena do by their uniformity make a sequence in the physical system visible, but do not make the wicked quality of will necessary; but rather such sequence follows the freely adopted will, and unchanging maxims which do therefore make him the more reprobate and the more blame worthy." (*Kant: Met. Ethics. On Freedom and Necessity.*)

The last question discussed in this essay is,

IV. *Why the Moral Law should be obeyed?* Our limits oblige us only briefly to touch upon it. Our author combats, we think satisfactorily, the low ethical teaching of the day, which would resolve obedience to the moral law into the mere end of obtaining present happiness or future glory, which would make virtue, as Paley does, to consist in a shabby shuffling balance between present hopes and fears, and the moral tint of the act to depend solely on its resulting consequences; and, rising with the dignity of his subject, inculcates the grand ethical law—the eternal right for right's own sake—that alone must be our motive, the spring of our resolution, the ground of our obedience. "Deep from our inmost soul," he says, "comes forth the mandate, the true and simple law claiming the command of our whole existence, merely by its proper right, and disdaining alike to menace or to bribe."

The relations of chivalry and of the love of honour to the theory of intuitive morals is thus well drawn.

"I envy not the moralist who could treat disdainfully of chivalry. It was a marvellous principle which could make of plighted faith, a law to the most lawless, of protection to weakness, a pride to the most ferocious. While the Church taught that personal duty consisted in scourgings, fastings, and social duty in the slaughter of Moslems and burning of Jews; chivalry roused up a man to reverence himself through his own courage and truth, and to treat the weakest of his fellow creatures with generosity and courtesy. True it did not teach all morality, perhaps not half the moral law. . . . ."

"There is yet much room for progress—many virtues to be recognized as virtues, many vices to be condemned as vices, before the law of heaven can be brought into conformity with the moral law, and the general conscience of society be applied to its proper use of supplying the deficiencies of individual neglected consciences. . . . ."

"Yet we perceive that amid all its aberrations and imperfections, the law of honour has been the truest voice of intuition amid the lamentations of the believer in total depravity, and the bargaining of the expediency seeking experimentalist. While the one represented virtue as a nun and the other as a shop woman, the law of honour drew her as a queen—faulty perhaps, but free born and royal. . . . ."

"I would rather that son of mine should take for his manual the 'broad stone of honour' than 'Paley's moral philosophy.'"

Lastly, we would conclude this sketch of the contents of the essay before us, with an extract on the real teaching of intuitive morality, from the conclusion of the chapter.

"Returning from the contemplation of the aim common to all the forms of Eudaimonism, and of the incompleteness and errors of the law of honour, how magnificent seems the grand and holy doctrine of true intuitive morality. Do right for the right's own sake, love God and goodness *because* they are good. The soul seems to awake from death at such Archangel's call as this, and mortal man puts on his rightful immortality. . . . There is nothing of excitement about this bare and naked thought of duty to be performed for its own sake; it is a calm and solemn thing, no heroic form beckoning us to paradise; but a giant's cold strong hand laid on our heads and urging us ever onward through an endless road; no sound of harp and tabret bidding us to the dance; but the trumpet's clarion call to battle. Oh, living soul! wilt thou follow that mighty hand, and obey that summons of the trumpet? Perchance thou hast reached life's solemn noon, and with the bright hues of the morning have faded away the beautiful aspiration of thy youth. Doubtless thou hast often struggled for the right; but weary with frequent overthrows, thou criest, this also is vanity! But think again, have no poor and selfish ambitions mingled with those and made them vanity? . . . Pure morals forbid all base and selfish motives, all happiness seeking, fame seeking, love seeking in this world or the next *as motives of virtue*. Pure morals rest not on any traditional dogma, on history, on philosophy, on criticism, but on those intuitions clear as the axioms of geometry, which thine own soul finds in its depths and knows to be necessary truths, which, short of madness, it cannot disbelieve. Pure morals offer no panacea to cure in a moment all the diseases of the human heart and transfer the sinner into the saint; they teach that the passions which are the necessary machinery of our moral life are not to be miraculously annihilated but by slow and unvarying endeavours to be brought into obedience to the holy will; while to fall and rise again many a time in the path of virtue, is the inevitable lot of every pilgrim therein."

Should any of our readers, mayhap, be such "thoroughly practical men" as to ask, to what these discussions profit to the advancement of psychological medicine, and to the treatment of mental disease, we would reply, by reminding them of the words of Bacon, with which we prefaced this essay, (and all his words are pure gold to those who rightly assay them,) of how our great master tells us that in medicining the mind, the knowledge of its diseases and infirmities follows on the study of the divers characters (i.e. elements) of man's nature; of how mental diseases and infirmities are but the perturbations and distempers of the affections; pathological manifestations therefore of those component elements of the mind, whose physiological relations such investigations tend to establish. Nay, further, the ground we have thus slightly touched on contains the essence of two *practical* questions even as we write discussed before our legal tribunals.\*

The legal test in presumed mental disease laid down by

\*The trial of Corrigan for the murder of his wife; the acquittal of the murderer of Mr. Waugh.

the judges, the consciousness of right and wrong in the mind of the accused at the time of committing the act, can of course only to those who hold the doctrine of intuitive morals, convey any intelligible idea, or shadow of ground for maintaining. Again, the question of the freedom of the will involves the most important points at issue, in cases of disputed mental disease. To trace how the springs of human action affect the will; how morbid excitement of those springs of action may either paralyze volition, or stimulate it into morbid action, are points in mental pathology on which only a minute study of the healthy mind of man, and his motives under the varied phases of being, can enable us to arrive at any certainty.

It is not our object on the present occasion to follow up such investigations. We point but to one or two of the practical relations of the study of intuitive morals—too sadly, at the same time, aware that in all our investigations into the tangled web of mind, its acts and its motives, the taunt may with much semblance of truth be still writ up that

“In seeking to undo  
One riddle, and to find the true,  
We knit a hundred others new.”

*C. LOCKHART ROBERTSON.*

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*Psychological Gossip,*

By J. H.

“A thing of shreds and patches.”—SHAKESPEARE.

In Dr. Conolly's early treatise on the Indications of Insanity, there is a charming chapter, on the “Modifications of intellectual power and activity, by various stimuli.” It abounds in anecdote, is very suggestive and full of instruction. If any reader of the *Asylum Journal* is unacquainted with the volume, he will obtain a rich treat by the perusal of its classic pages. Its facts will instruct him, even if he may demur to the theory which is based upon them. It has suggested to one mind, an hypothesis transient, it may be, as an April sunbeam, but which nevertheless seeks a written



utterance in the Asylum Journal; and if meriting no better name, let it pass under the title of psychological *gossip*—for the writer has a strong suspicion, that this is its correct definition, more especially as in its elucidation some facts will be reiterated, and some statements made, which have been used for other, if not for higher purposes elsewhere. The hypothesis consists in the supposition that the science of Phrenology, if not the art of Craniology is based upon truth, but that the special faculties of the mind are not produced simply and exclusively by an inherent power or impulse, but require for their eduction some appeal from the external senses; that Locke was not right in regarding the mind as a ‘*tabula rasa*’ until written upon by the senses; or Cabanis, Gall, and their successors, in supposing that the manifestation of special genius in individuals was dependent *solely* upon a particular cerebral organization, and altogether independent for its action of external incidents. In other words, that the faculties of the mind are evoked by an appeal from the senses, each mind responding to some peculiar excitement, as the highly toned instrument echoes back the note which is struck from without, provided it is in accordance with its own pitch or tensivity. There is a dual action between the organs of sense and the brain, in the first awakening of the mind to a special pursuit; thus the genius of Ebenezer Elliott, the stern and powerful “Corn Law Rhymers,” appears ever to have required some such appeal from without, for in his autobiography he tells us, that “time has developed in me not genius, but powers which exist in all men, and lie dormant in most. I cannot, like Byron and Montgomery, pour poetry from my heart as from an unfailing fountain; and of my inability to identify myself, like Shakespeare and Scott, with the characters of other men, my abortive ‘Kerhonah,’ ‘Taurepeds’ and similar rejected failures are melancholy instances. *My thoughts are all exterior. My mind is the mind of my own eyes.* A primrose is to me a primrose and nothing more. I love it because it is nothing more. There is not in my writings one good idea that has not been suggested to me by some real occurrence, or by some object actually before my eyes, or by some remembered object or occurrence, or by the thoughts of other men heard or read. If I possess any power at all allied to genius, it is that of making other men’s thoughts suggest thoughts to me, which, whether original or not, are to me new. Some years ago, my late excellent neighbour John Heppenstel, after showing me the

plates of Audubon's "Birds of America," requested me to address a few verses to the author. With this request I was anxious to comply, but I was unable to write a line, until a sentence in Rousseau suggested a whole poem, and coloured all its language. Now in this case I was not like a clergyman seeking a text, that he may write a sermon; for the text was not sought but found, or it would have been to me a lying and barren spirit." This experience of Elliott would be regarded by some as an apt illustration of the sensational theory of mind, while the phrenologist might consider it as an example of the development of the perceptive faculties equalling if not dominating over the organ of ideality. It appears to the writer, generic and typical of all mental arousings to a specific pursuit; certain is it, that Byron is no exception, as the Corn Law Rhymer would have us believe, for the bright world around him with its ever varying incidents was the inspiration of his muse. It was on the lake of Geneva, that he composed the most beautiful portions of *Childe Harold*. The stillness and the loveliness of the place, seemed to imbue his mind with corresponding placidity, for in the eighty fifth verse of the third canto, he thus writes:—

"Clear placid Leman ! thy contrasted lake  
With the wide world I dwelt in, is a thing  
Which warns me with its stillness to forsake  
Earth's troubled waters, for a purer spring.—  
This quiet sail is as a noiseless wing  
To waft me from distraction. Once I loved  
Torn ocean's roar ; but thy soft murmuring  
Sounds sweet, as if a sister's voice reprov'd,  
That I with stern delights should e'er have been so moved."

and referring to the exquisite loveliness of *Clarens*, he sings,

"He who hath loved not, *here* would learn that lore  
And make his heart a spirit; he who knows  
That tender mystery would love the more," for  
"Thine air is the young breath of passionate thought."

Here certainly is more of ideal power, more of that faculty which clothes outer objects with a grandeur, and endows them with feelings not their own. 'than is to be found in the Corn Law Rhymer's statement, that, "a primrose is to him a primrose, *and it is nothing more*," yet, in this, the poet was self-deceived, for he too idealises the lovely flower, and like as Byron could enrich the lake of Leman with the persuasive eloquence of a sister's voice, so could Elliott apostrophise the primrose in the following strains :

"Welcome then again  
Love-listening primrose; though not parted long,

We meet, like lovers, after years of pain.  
 Oh ! thou bring'st blissful childhood back to me !  
 Thou still art loveliest in the lonest place ;  
 Still, as of old, day glows with love for thee,  
 And reads our heavenly Father in thy face.  
*Surely thy thoughts are humble and devout,*  
 Flower of the pensive gold ! for why should heav'n  
 Deny to thee his noblest boon of thought,  
 If to earth's demigods 'tis vainly given ?  
 Answer me, sinless sister ! Thou hast speech  
 Though silent. Fragrance is thy eloquence,  
 Beauty thy language ; and thy smile might teach  
 Ungrateful men to pardon Providence."—*Elliott's Poetical Works.*

Byron and Elliott, then, were no exceptions to the rule which would prescribe that the inner faculty should be awakened by an external appeal ; and if we may accept as a self-personation that which has often been considered such, then will the other poet named by Elliott with Byron, fall in a like category with themselves ; for in Montgomery's "Enthusiast" we read, "At school even when I was driven as a coal ass through the Greek and Latin Grammars, I was distinguished for nothing but indolence and melancholy, brought upon me by a raging rhyming fever, *with which I was suddenly seized one fine summer day*, as I lay under a hedge, listening to our master whilst he read us some animated passages from Blair's poem "The Grave." My happy schoolfellows born under milder planets, all fell asleep during the rehearsal ; but I, who am always asleep when I ought to be waking, never dreamed of closing an eye, but eagerly caught the contagious malady."

What aroused the soul of Burns, and made him pour forth the song which thrills the heart like a trumpet ? What filled the Ayrshire plowman with a zeal, an energy, and a battle-song worthy of Tyrtæus, before the embattled walls of Ithome ? It was in going from Kenmuir to Gatehouse that the spirit of the Bruce took possession of the bard. In Chamber's interesting picture of Scotland, we read, that "In July, 1792, Burns in company with Mr. Syme of Ryedale, passed through a mountain road from Kenmuir to Gatehouse during a dreadful stormy night ; in the language of Mr. Syme 'savage and dark regions extended around, the sky was sympathetic with the wretchedness of the soil ; it became lowering dark, the hollow winds sighed, the lightnings gleamed, the thunders rolled.' The poet enjoyed the awful scene—he spoke not a word, but seemed wrapt in meditation. What do you think he was about ? He was charging the English army along with Bruce at the battle



of Bannockburn, and next day he produced me the address of Bruce, beginning with—

Scots wha ha'e wi' Wallace bled,  
Scots, wham Bruce has aften led,  
Welcome to your gory bed,  
Or to glorious victorie."

The mind appears to respond to the influence of beautiful sights and melodious sounds in proportion to its own elevation and power, and to impart to the scenes an endowment which belongs specifically to the human understanding. The dog may see in common with ourselves the torrent which comes foaming and splashing down the mountain's side, until it spreads itself like a sheet of silver in the emerald mead; he may perceive the mountain top when bathed in rosy splendours by the setting sun, and he may hear the music of the rill; but with him it is sight and sound only, awakening no mental act, beyond that of mere memory; whereas in many men such a scene arouses a sense of still higher beauty, and more exquisite melody, and thrills them with that joyous impulse which crowded upon the heart of Wordsworth, as he gazed upon Tintern Abbey.

"A presence that disturbed him with joy  
Of elevated thoughts; a sense sublime  
Of something far more deeply interfused,  
Whose dwelling is the light of setting suns.  
\* \* \* \* \*

That blessed mood  
In which the burthen of the mystery  
Of all this unintelligible world  
Is lightened. \* \* \* By which,  
Almost suspended we are laid asleep  
In body, and become a living soul;  
While with an eye made quiet by the power  
Of Harmony, and the deep power of joy  
We see into the life of things."—*Wordsworth's Sonnets.*

The beauty and grandeur of certain scenes of the external world influence nations and give characteristics to a people. There is something in mountain lands, which inspires those who are born and live in their neighbourhood with lofty emotions; the denizens of such places may be ignorant, but they cling to a sentiment with unselfish ardour, and are almost always chivalrous, loyal and brave. Like the eagle that wings his flight to their loftiest peak, or the torrent that dashes with resistless might from their far off altitudes, the native of the mountains spurns control; and whether it be the noble Waldenses defying the fierce hate of an intolerant Church, or a Schamyl in the passes of the Caucasus hurling back the tyrannous encroachments of

Russia, the mountaineer merits the glowing eulogy of William Howitt, when he says, "he lives among noble objects and must imbibe some of their nobility. . . . He lives within the barriers, the strongholds, the very last refuge which nature herself has reared to preserve alive liberty to the earth, to preserve to man his highest hopes, his noblest emotions, his dearest treasures, his faith, his freedom, his hearth, and his home." On the other hand, the wearisome monotony of extensive plains depresses the mind. The eloquent preacher Robert Hall, ascribed his insanity to the dull, flat, and unvarying scenery of the neighbourhood of Cambridge; and the long residence of Cowper on the banks of the sedgy Ouse, tended to confirm the deplorable melancholy which clouded his mind, and marred his usefulness. Happy is he, whose robust health and strong mind can resist all such influences; and who, moreover, can not only resist external impressions, but achieve even greater things, for it is a more noble act for man to wrestle with, to grapple, and to overcome the temptations and the follies which spring up from within, to resist inordinate passion, to quell envy, to subdue pride, and to burn out for ever the morbid fancies and impure desires which would cloud the purity of his inmost soul.

To revert to the influence of special incidents upon the quick perceptive mind, it may be stated that Galileo was walking in the cathedral church at Pisa, when from some cause, a lamp which was suspended by a chain from the roof was thrown into motion, its moving to and fro arrested the philosopher's attention, and he fancied that each oscillation occupied equal time, that as the velocity diminished, the distance was shortened, and that thus compensation was obtained. He perceived a great principle, put it to the test of experiments, found his idea realized, and invented the pendulum. Archimedes discovering an hydrostatic law from the overflowing bath. Newton gathering assurance, precision, and form for his nascent theory of gravitation, by the fall of an apple; and Ferguson, the mechanician, having his talents for mechanics aroused by seeing his father raise the fallen roof of his cottage by means of a lever, are similar illustrations; while it is probable, that the beautiful painting of the "Canterbury Pilgrims" might have never existed, had not some fine prints in an obscure village in Yorkshire, fallen under the notice, won the love, and excited the emulation of Stothard; and it is stated, that the renowned Chantrey and Wilkie were induced to follow their

arts, the one from viewing some rude carvings on an old picture frame; and the other from being amused by the serio-comic face of a school boy upon "that bad eminence, the stool of shame." The talents of the painter West were brought into exercise by the smile of a beautiful child; he had been placed by his mother to guard her sister's infant, while the mothers strolled to a distance; the beauty and expression that played upon the tiny features of the babe attracted the attention of the embryo artist, and with a piece of charcoal he endeavoured to imprint their charm upon a board, and the portrait was so far good, as to induce his aunt to exclaim, "Dear me! if Ben has not made a likeness of little Sally." From that moment, West was smitten with a love of art, and his father's doors and shutters bore evidence of his zeal and assiduity in the practice of it. The elegant Bossuet, the brilliant Curran, and the learned Bacon, sought and found in music a stimulus for their respective talents; while the great composer Beethoven loved to wander forth alone, the hollow moanings of the coming storm, the whistling of the agitated trees, the flowing stream, the gushing waterfall, the song of birds, the hum of bees, the whispered murmurs of distant voices, and that combination of gentle sounds which falls upon the ear in the wild fields and groves, filled him with delight, and inspired him with those grand and glorious harmonies which astonish and enrapture every lover of music.

It is not then simply the ear and the eye that perceive, but the mind with which they are linked. As the eye can convey impressions to the brain, even so can the brain under certain conditions reflect back, as it were, impressions upon the eye; this fact, if well understood, would banish many an absurd tale of ghosts, and also tend to diminish the number of insane persons; for it is only when these creations of the fancy (subjective images) are believed in as external (or objective) realities, that a man can be considered insane. In the work which has been referred to, some very illustrative cases are given, where the individuals could recognize these phantoms, as subjective images; in a lecture given by Dr. Hitchman, at Hanwell, and subsequently published in the *Psychological Journal*, there are instances of the opposite condition, in which these phantoms were regarded as realities, by minds as powerful as those of Mahomet, Loyola, and Luther, but, as this condition was an evanescent one, perhaps the individuals could not be regarded as more than momentarily insane. It is a



remarkable circumstance, that individuals who are theoretically sceptical, are often *practically* credulous in the extreme, and beset by terrible fears at phantoms of their brain. Percy Byshe Shelley, who from some caprice delighted to sign himself 'Atheist,' was often frightened by 'spectra,' such as those which Nicolai or Bostock could inspect calmly and analyse rationally; thus, while walking in the island of St. Arengo with Mr. Williams, he suddenly grasped his friend's arm, and with much agitation exclaimed "There it is, again!" and on being asked, what had alarmed him, he said, "that he had just seen his child rise from the wave, clapping his hands, and smiling upon him with the radiance of a cherubim." In some individuals a temporary vision like the above leaves an abiding impression upon their mind, and gives rise to actions which render such individuals unsafe to themselves or to society. The writer has had under his care an interesting young female, who, in obedience to some such illusion, plucked out her right eye, stating that the angel, said "If thy right eye offend thee, pluck it out." Two men also, are now under his observation, who have become insane in consequence of the loss of hearing; they speak rationally upon subjects except those connected with the illusion arising from a diseased condition of the auditory nerve; they hear no external sounds, but subjectively, are beset by voices, the one rejoicing in audible revelations from heaven, the other being tormented by unhallowed suggestions, which, he says, "come from under the earth." Two others are beset by "spectra" produced by cataract in the eyes. These persons, believing in the reality of their illusions, and acting in accordance with this belief, are insane; forming an unhappy contrast to the philosophic Nicolai, who could annihilate the influence of such phantasmagoria, by knowing them to be the result of physical disorder.

This gossip has proved an appropriate sermon to the appended text, and is in very truth a "thing of shreds and patches," having little coherence in its facts, and still less in its argument; but it will not have been written in vain, if it suggest the thought, that the senses should be ever made subordinate to the judgment; that a strong will, aided by useful occupation, may make them ministrant to usefulness, and prevent them from usurping authority. We owe it to ourselves to regard all excessive impressionableness with suspicion, to bestir ourselves, lest we become the creatures of circumstances, 'clouds without water, carried about

of winds.' Let us make the body yield to the requirements of the mind, rather than permit it to be the tyrant and task-master of the mind ; as 'faith without works is dead,' so is all excessive emotion harmful, that does not lead to some beneficial act. Sickness is the Nemesis of violated law. Health should be preserved intact, by temperance and exercise, for in proportion as the body becomes weakened, does the mind become agitated by chimeras, fancies, and sensuous emotions ; these emotions leading on to insanity, to paralysis, and death.

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*On the Advantages likely to result from Cerebro-Mental Investigations, especially by the Agency of Societies.* By DANIEL H. TUKE, M.D., Visiting Medical Officer to the York Retreat.

Lord Bacon, after pointing out the obvious correspondence which exists between the feelings, and particular expressions and gestures, goes on to say, "But unto all this knowledge *de communi vinculo*, of the concordance between the mind and the body, that part of the enquiry is most necessary, which considereth of the seats and domiciles, which the several faculties of the mind do take and occupate in the organs of the body ; *which knowledge hath been attempted, and is controverted, and deserveth to be much better inquired into.*"

It would be difficult to employ more appropriate and forcible words than these, to describe the position of the investigation to which Lord Bacon refers, at the present moment.

Phrenologists would doubtless think differently, and would maintain that the whole question is now satisfactorily determined. The force of the following observations, however, is based upon what we consider to be demonstrable, that, although this "knowledge hath been attempted," especially since Bacon's time, it is notwithstanding, still "controverted, and deserveth to be much better inquired into."

Before entering upon any investigation, unless the trouble incurred be very insignificant indeed, it is only reasonable that we should possess some antecedent probability of success

Now, conflicting as are the opinions of physiologists respecting the Physiology of the Brain, they all coincide in recognizing more or less distinctly, that there is *some* connexion between this viscus and the mind or conscious principle. It would be a waste of time to quote authorities in support of this assertion, all would unite in the proposition of the highest living authority, Dr. Carpenter, that "the cerebrum is the material organ through whose instrumentality all the processes of thought are carried on."\* "That a cerebrum" the same writer elsewhere remarks, "which is greatly under the average size, is incapable of performing its proper functions, and that the possessor of it must necessarily be more or less idiotic, there can be no reasonable doubt. On the other hand, that a large well-developed cerebrum is found to exist in persons, who have made themselves conspicuous in the world in virtue of their intellectual achievements, may be stated as a proposition of equal generality."—(*Op. Cit.* p. 773.)

Moreover, the existence of facts, such as that injuries of the head affect, not unfrequently one or more of the mental powers, while others remain perfectly sound, has appeared to not a few physiologists to render the supposition far from unreasonable, that different portions of the cerebral hemispheres have different functions allotted to them. Such a supposition is not conclusively set aside by the absence of any apparent anatomical divisions in the cerebral convolutions. Dr. Carpenter, for example, lays it down as a fact that "the processes of thought are first called into activity by impressions conveyed to the vesicular matter of the cerebral surface, by *ascending* nerve-fibres which proceed to it from the sensory ganglia; and the influence of that activity is re-transmitted to the sensory ganglia by a converse set of *descending* fibres," and yet he justly adds in a foot-note as in no wise irreconcilable with his position, that "*the structural distinctness of these two sets of fibres must be admitted to be hypothetical*, and it is improbable that any anatomical evidence can ever be attained by which the hypothesis may be established, but all the *analogy* of the different fibres throughout the body is opposed to the idea that the same fibres cannot serve both purposes." Nor, apart from physical facts, and simply in the consideration of mental phenomena, is there now much doubt as to the compound nature of mental power. "If the mental functions be not separate and independent, is it not surprising," observes Dr. Cheyne in his essay on the *Disorder of a single Faculty*, "that

\* Human Physiology, 4th Edition, p. 865.



as in youth certain faculties come into active operation before others, so in advancing life the mind is not broken down simultaneously; does not yield by uniform and gradual decay, as might be expected were it uncompounded and its several faculties only varied modes of action; but some one faculty is debilitated or destroyed before any failure is discoverable in the rest." These circumstances and others of a similar kind, forced that practical observer to the conclusion that they were "much more in accordance with the existence of a plurality of faculties, in some manner independent, than with the notion of the whole mind being engaged in every act of memory, compassion, judgment, &c."

And with regard to the *method* best calculated to reveal successfully the functions of the brain, although some difference of opinion has prevailed on the subject, and although comparative anatomy, vivisection, pathology, and the observation of structural size in connection with functional power, have all had their respective supporters, it will be generally admitted that the principle involved in the last method, is not in itself vicious.

We agree with Dr. Carpenter, when he says, referring to vivisection and pathology, that "from neither of these is much positive information to be derived;" we are, therefore, thrown back upon comparative anatomy, and the observation of structural size in connection with function. In the application of the former method, Dr. Carpenter has succeeded, as it appears to us, in throwing very considerable light upon the functions of the cerebral ganglia,\* and it seems as unphilosophical as it is inexpedient, to insist upon any one method of investigation as the only one which is to be employed; nor should we be prepared to endorse the opinion expressed by Dr. Roget, that "comparative anatomy, upon which so much is made to hinge, is of all guides the most fallible in questions of this nature."† In bringing comparative anatomy, however, to bear upon the functions of the brain, Dr. Carpenter has not, perhaps, thrown so much light upon the functions of the cerebral hemispheres, or cerebrum *proper*, as upon the internal ganglia of the encephalon, the thalami optici, corpora striata and quadrigemina, and the lateral lobes of the cerebellum. And

\* The numerous observations of Dr. Carpenter in regard to mental operations generally, in connection with the encephalic ganglia, appear to us to be highly interesting and philosophical. They do not, however, seem to render such investigations as we advocate unnecessary; nor would his conclusions, should they be ultimately established, necessarily interfere with the realization of the hopes expressed in this essay.

† Encyclopædia Britannica. Art. "Cranioscopy."

it is not to be denied that it is *possible*, a series of observations made upon the brain of different species (namely, man and the lower animals) may fail to discover that which observations made upon the same species only, may disclose to the enquirer. At any rate, Dr. Carpenter does not pretend to have discovered the functions of various regions of the cerebral hemispheres, his observations simply regard its general function; and yet that there is a different function allotted to different portions of the vesicular neurine of the hemispheres, may, as we have before said, be reasonably supposed to be the case.

With regard to the fourth and last method, it will hardly be denied that it is one which is very generally applicable in physiological investigations; indeed, one of the simplest proofs of function is that afforded by its constant association with a certain structure, the absence of the one in the absence of the other, and the constant proportion between the perfection of the former, and the size (other things equal) of the latter. Thus, in Todd and Bowman's *Physiology of Man*, it is stated that, "All observation, both in man and the lower animals, proves that the energy of any nervous centre always bears a direct proportion to its bulk, whether absolute or relative." If then, this be sound teaching, and if physiologists are correct in regarding the brain as the material instrument through which the faculties of the mind act, there certainly seems a *primâ facie* case made out, for vigorously applying this method to the investigation of the various functions of the cerebral hemispheres and the cerebellum, or in other words the mental faculties.

The diversity, as regards the form and size of the human cranium, can only have escaped the notice of the least observant, or failed to excite some interest in the least reflective. This diversity is observable not only in regard to the whole head but also its several regions; the head of one is large and massive, of another small and ill-developed; but more than this, the forehead of one may be broad and ample, while that of another is shallow and retreating; these facts are notorious. On the other hand, the mental characteristics of one individual do not contrast less strongly with those of another. Between the two extremes of the highest psychical endowments and the helpless condition of idiocy, every conceivable shade of intellectual character or function is to be met with.

These two sets of facts may unquestionably be brought into relation; and by the application of the principle that size (other things being equal) is a measure of power, or in other

words of the associated function, it certainly does not appear impossible that the observation of the *cerebral* size, not only of the whole but of portions of the hemispheres may afford *one* means of revealing the associated *mental* power or powers. Primarily, therefore, *but by no means to the exclusion of other methods of research*, we should like to see a thorough and sufficiently extensive application of this mode of investigation.

But it will be said, "this has already been done; it is the method of Gall." That it is essentially the method of Gall, is not denied, but that what we require has already been effected, we cannot admit. Evidence is wanting to shew that the investigation has been pursued with adequate care, upon a sufficiently large scale, and with that exclusion of all reasonable sources of fallacy, which is so especially necessary in an enquiry of this nature—an enquiry in which mental phenomena and human actions are concerned. Mere coincidences are here peculiarly apt to be mistaken for laws of nature; while theories take the place of demonstrated facts. The great feature of the proposed societies is, that they would be wholly independent of any preconceived theory. *They would start with no assumption.* How much more likely they would be under such circumstances to make progress in the investigation, must at first sight be sufficiently evident; they thus would escape those disadvantages, which, as it appears to us, have operated so injuriously in cramping and trammeling the labours of societies, established in several places under the title of Phrenological Societies: disadvantages almost necessarily resulting from their having to a greater or less extent adopted a theory, and then having that theory to defend. Such societies, with few exceptions, have been formed, not so much for original research, as for defending, and circulating information in regard to results already supposed to have been arrived at. Such a course is very proper for the attainment of the object in view; but what we want is the establishment of societies for those who have not arrived at this stage, but are only on the threshold of simple enquiry. Besides, we know how little scientific investigation prospers when associated with preconceived notions, how with these, natural phenomena may be made to agree, quite unintentionally, and consequently how entirely valueless such observations become. Herschell in his Discourse on Natural Philosophy, mentions that Faujas de St. Fond in his work on the Volcanoes of Central France, describes with every appearance of minute precision, craters existing nowhere but in his own imagination! "There is no greater fault" adds



Herschell, "direct falsification of fact excepted, that can be committed by an observer." It is when men are unfettered by prejudice, have no wish as to the ultimate issue of an enquiry, and set aside all theoretical views, that we may count upon Nature being studied and observed as she really is, and not as the observer wishes her to be; and that in consequence we may expect the result to be a real acquisition to our stock of scientific knowledge. Especially is it so, when from a nice appreciation being requisite, the subjects examined are of a nature admitting more easily than usual, of misapprehension and misstatement from the bias of individual minds. These and other considerations force us to the conclusion, that there exists a very strong necessity for observations at once accurate and extensive being made, independently of those of the phrenologists; and that these would be most advantageously pursued by means of the organization of societies, having for their main object, the rigid and patient examination of the field professed to have been traversed by the phrenological school, only without phrenological spectacles.

Further, it will be seen that the results of any considerable society, thus constituted, although arrived at as it were independently of phrenology, would at the very same time have an effect in determining the amount of truth contained in that system. It is not the obvious and direct advantages resulting from this enquiry which alone render us anxious that it should be conducted afresh. Great as these are, we submit there are indirect advantages to be derived, in consequence of the peculiar condition of this department of physiology. It is upwards of half a century ago, since Gall asserted that he had discovered a constant relation between certain regions of the brain and certain mental manifestations; and with almost the zeal of the founder of a sect, exclaimed, in regard to the system he had elaborated, "This is truth though opposed to the philosophy of ages." His system, as every one knows, met with general opposition, and with no small share of ridicule; some, however, admitted his conclusions to be just, and supported them. In the contest which ensued, there never was perhaps, so much paper warfare expended, and utterly wasted, in a case in which the appeal ought to have been made at once to facts, and to them solely. Now we would request any one attentively to consider the present state of Gall's doctrine of the brain, and to compare this with its position at the period when it was first advanced. Although it may be admitted that a higher opinion is entertained of Dr. Gall and the system he origi-

nated, it will not, we suppose, be disputed, and it is this circumstance which we wish to be distinctly observed, that the truth of phrenology is not by any means universally admitted, and that although supported by men of undoubted scientific authority, it is opposed as false by others of equal if not greater weight and ability. If the names of Georget, Broussais, Vimont, on the Continent, and of Solly, in England, can be adduced as supporters of the phrenological system; those of Leuret, Lelut, Pritchard, and Carpenter are arrayed against it. As an illustration of the strangely opposite inferences which are drawn from the same facts, in regard to their bearing upon Gall's system, we may refer to the evidence afforded by Comparative Anatomy. Sir Benjamin Brodie in his *Psychological Enquiries* thus expresses himself, in pointing out what he regards as "a sufficient contradiction of phrenology." "They (the phrenologists) refer the mere animal propensities chiefly to the posterior lobes, and the intellectual faculties to the anterior lobes of the cerebrum. But the truth is, that the posterior lobes exist only in the human brain, and in that of some of the tribes of monkeys, and are absolutely wanting in quadrupeds. . . . So that if phrenology be true, the most marked distinction between man on the one hand, and a cat, or a horse, or a sheep on the other, ought to be, that the former has the animal propensities developed to their fullest extent, and that these are deficient in the latter."\*

Within a few months of the period when this was penned, a reviewer in the *Medico-Chirurgical Review*, (Professor Laycock) not only denies the force of such an objection, but thinks that comparative anatomy in this particular, favours phrenology. "The very early development," says he, "of the anterior lobes in the vertebrate scale has been usually adduced as an argument against the doctrines of phrenology, but it is clearly in their favour, for if the view here given be correct as to the nature and seat of perceptive consciousness, these lobes must *necessarily* be developed anteriorly to those that are in relation to the moral powers and the sentiments."

The whole theory, therefore, appears to us, to be in a condition not a little interesting and singular; interesting on

\*This objection, by the bye, tells equally against Sir Benjamin's own position that, "we are generally agreed in considering a large head, and a capacious forehead, as indicative of superior intellectual endowments. In like manner as the ancient sculptors gave to the figures of some of the heathen gods the appearance of youth, by shortening the jaws, so that they could not be supposed to contain the entire number of teeth belonging to the adult, so they expressed the divine intelligence of others by *increasing the dimensions of the forehead.*"

account of the nature of the subject involved, and singular when we consider the clashing opinions entertained in regard to it, and the duration and acrimony of the contest in an age of science when such a state of things, owing to the existence of acknowledged standards of appeal, could hardly, one might have thought, have occurred. Such, however, has occurred, and it does appear to have become an important question, what, if any, means can be pursued by which this controversy may be terminated? Those means, it is submitted, which it is here proposed to adopt. Individual experience is not with the mass of mankind, the primary basis on which their belief in the truth of any science is founded. It is next to impossible that it should be so, for it is within the power of comparatively few, to examine for themselves the series of proofs which have led to certain results. They consequently fall back upon testimony, and hold by the conclusions arrived, at by those who have studied any particular subject, and are therefore, supposed to be able to estimate the amount of truth it may contain. Hence arises the value which is always attached to the result of an investigation carried forward by unprejudiced individuals. Thus the convictions obtained by those immediately engaged in the investigation, are by no means confined to them, but the influence of their decisions is multiplied again and again, and the influence of this extended range of opinion, increasing as in the first instance, is again indefinitely multiplied. If phrenology be untrue, it is important that the general mind, so to speak, should be in possession of some proofs to which it may appeal in support of its unsoundness; and if it be true, its chief use, at any rate so far as it involves metaphysical and moral truths, appears to us to depend upon its being universally admitted.

We cannot agree with some who seem to suppose that mental science is not in any way affected by the correctness or otherwise of the phrenological system. That it would throw light on all metaphysical questions; that it is *only* through cerebral physiology that mental phenomena can be observed, we would be far indeed from asserting; but that if true, it affords an important contribution to, or more than this, forms a scientific basis for, an analysis of the mental powers, we cannot but believe. The certainty of physical facts, and the uncertainty of those that are beyond physics, is proverbial: and we believe that just in proportion as we study the science of mind, by the light of physical facts, and subject mental phenomena to the test of physical demonstration, in that proportion will Mental Science be certain, fixed,



and practical. "There seems to be" observes Robert Hall, "a principle of mortality inherent in metaphysical science, which, sooner or later, impairs the reputation of its most distinguished adepts. It is a circumstance worthy of remark, that *there has never been a reputation of this kind which has continued with undiminished lustre through the revolutions of a century.*" "Whether it be" he adds, "that the science itself rests on a precarious foundation, or that its discoveries can never be brought to a decisive test. . . . the fact itself is unquestionable. He who aspires to a reputation that shall survive the vicissitudes of opinion and time, must aim at some other character than that of a metaphysician." And Menzel\* expresses the uncertainty to which we are referring, in the following apposite terms:—"No man" says he, "has a different logic from his neighbour, but every one has a different metaphysic, because he has a different imagination." So far, however, as we can substitute physiology for the imagination, we obviously have a common source of evidence, a decisive test, to which we can refer. If "doctors differ" as a class, we imagine that physiologists would by no means merit that character.

We cannot better illustrate our position than Gall's cerebral physiology has an important bearing upon Mental Science than by quoting a short letter which appeared in one of the Journals some time ago, under the head of "*Relation of Phrenology to Metaphysics.*" It is as follows:—"Sir, I have for long been interested in metaphysical inquiries, and have often wished to possess some positive knowledge respecting the analysis or classification of the mental powers. With this object, I have enquired into and studied the usual works on the subject, including the metaphysical portion of the phrenological publications. Now, Sir, I am not a believer in phrenology; I have not examined the evidence upon which it rests scientifically; but I never doubted for a moment, that if it were true, it would be of advantage to me in my studies, and that it would supply, to some extent, what I was in search of. I knew that much of what I read *could not* be correct, and that many things asserted to be unknown, were sufficiently clear, *assuming the phrenological theory.* What, then, was my surprise on reading a paragraph from Mr. Morell's\* work, quoted in your last

\* History of German Literature, vol. 1., p. 320.

\* Lest in quoting this letter by way of illustration, the slightest reflection may appear to be cast upon this writer, we beg to express our admiration of the talent which characterizes that gentlemen's metaphysical writings.

number, to the effect that the advantages of phrenology terminate in its PHYSIOLOGICAL researches. Why, the man who makes this statement, and who thus denies the bearing of phrenology on any portion of metaphysics, is the very same man who, in another sentence, objects to a special propensity for the love of children; thus proving that *his metaphysical views must be changed or modified according as he believes in phrenology!* For it is evident, that if it could be demonstrated to him that such special fundamental feeling does exist, he would have to believe what he now disbelieves; and that, consequently, phrenology would have added to his metaphysical knowledge. I am, &c., Φ." We repeat, therefore, that to settle the vexed question of phrenology would be a boon to science, and to the public; that if false, it is most important that it should be shewn to be so by adequate evidence; and that if true, it is still more important that it should be established, because we should then possess something like a settled physiology of the brain, and something like a settled science of the mind.

Such are among the chief reasons which induce us to advocate the fresh examination of the development of the brain in connexion with mental manifestations. In addition to the advantages already mentioned, which would flow from the establishment of societies, we may mention those arising from association. The subject requires an amount of research, investigation, and consequent labour, for which the energies and opportunities of any one mind would usually be inadequate, and which at once suggests the necessity of calling to our aid those resources which have been found most productive of discovery in corresponding investigations. "The greatest individual" observes Douglas of Cavers, "is every way circumscribed; the limitations of his narrow and brief existence pursue him in whatever he attempts. Numbers and succession can alone enable men to attain that which is great and perpetual, and an association of feeblér minds, transmitting their purposes to ever renewed successors, would at length be able to accomplish what Alfred, or Aristotle, or Bacon in the height of fortune, and in the maturity of genius, would have failed to effect."

The author of *Psychological Enquiries*, after observing, "If two brains were placed before me, in one of which the cerebral hemispheres were largely developed, while in the other they were very little developed, or altogether absent, I should at once pronounce the former to indicate the existence of a much greater intelligence than the latter;" proceeds thus,

*but I see no reason to doubt that we might learn more than this; and that one individual who, in addition to ample opportunities of examining the brains of different animals by dissection, (or only of the human species,) had equal opportunities of studying the habits and behaviour of the same animals while alive, and who himself possessed the necessary qualities for such investigations, might in the course of time, and after some years of thought and labour, arrive at some very interesting and satisfactory results. If hitherto so little progress has been made in this department of knowledge, that is easily accounted for. The combination of opportunities which I have suggested is of very rare occurrence, and when it does occur, few persons are qualified to take proper advantage of it*"\* It is precisely for these reasons that we think the establishment of societies is required.

Under such auspices, and by an extended series of observations such as now proposed, might a firm basis be laid, on which to rear the subsequent superstructure. It was not Selborne that made White, but Gilbert White that made Selborne; it is not the place examined, but the examiner that is the cause of rich harvests and glorious results; and were but the attention and zeal of a number of men, qualified for the task, once fairly directed towards the present field of enquiry, we believe that important discoveries would follow; were no positive facts to be discovered, we hold, that this of itself would be no unimportant discovery.

The practical course a society would adopt may now be briefly adverted to. It may in the first place be observed, that the pursuit of original and independent enquiries, need not prevent it endeavouring to test the asserted powers of the phrenologists, in regard to their inductions from cerebral development. Indeed, it may fairly be urged that peculiarities or characteristics in the form and size of crania may at once be seized by an experienced eye, which would escape the observation of an enquirer. A circumstance related by Capt. Basil Hall, well illustrates the truth and the practical importance of this statement; "I remember" he observes, "being present once at the Geological Society, when a bottle was produced which was said to contain certain zoophytes. It was handed round in the first instance, among the initiated on the foremost benches, who commented freely with one another on the forms of the animals in the fluid; but when it came to our hands we could discover nothing in the bottle but the most limpid fluid, without any trace as far as our optics

\* First edition, p. 169



could make out, of animals dead or alive, the whole appearing absolutely transparent. The surprise of the ignorant at seeing nothing was only equal to that of the learned, who saw so much to admire; nor was it till we were specifically instructed what we were to look for, and the shape, size, and general aspect of the zoophytes pointed out, that our understandings began to co-operate with our eyesight in peopling the fluid, which, up to that moment, had seemed perfectly uninhabited. The wonder then was, how we could possibly have omitted seeing objects now so palpable.”\*

Secondly, a society would make every exertion to observe and bring under immediate notice, marked examples, whether of cerebral development on the one hand, or of mental characteristics on the other. In endeavouring to discover the true relation of these facts, its members would apply that method which is admitted by every one to be the basis of all experimental enquiry, the method of *elimination*, or the successive exclusion of the multiplied circumstances which accompany a certain phenomenon, in order to determine what there are among them which can be absent consistently with the existence of the phenomenon. It might be well frequently to recur, in such an investigation, to the rules for arriving at truth, or canons of induction, so perspicuously laid down by Mill in his “System of Logic”; the first of which, or the method of agreement is, that, “If two or more instances of the phenomenon under investigation have only one circumstance in common, the circumstance in which alone all the instances agree, is the cause (or effect) of the given pheno-

\* A writer in a literary publication, sometime ago proposed the following means of testing phrenology, which might very properly be resorted to, *inter alia* by an association of scientific enquirers. “The following plan is one which it appears to me would most effectually meet the immediate object proposed (that of some satisfactory conclusion being arrived at, on the long disputed, and if true, the most important theory of Gall); and not only so, but it would shew at the same time, how far phrenology admits of being practical in its general application, by the correctness or otherwise, of the phrenological descriptions in those other parts of the characters not peculiarly marked—the truth of the system of Gall (being founded on extreme cases), not necessarily implying its ordinary applicability. But they tell us it *is* a practical science, and it is well to test this also. Let, therefore, a number of heads (or casts) of healthy-minded individuals, possessing some extreme talent or disposition, be collected, the characters of each being enclosed in envelopes, and a reward of £— be offered to any one, who shall, after an examination of the casts, and a knowledge of the temperament, give, in writing (what shall be deemed by the person or persons offering the reward), a correct description of the natural powers and general characters of such individuals. Would not their failure or success prove, at least, whether phrenology has a claim to be considered a practical science?”

P.S.—To carry out the proposed method, I would suggest that a committee be formed to arrange the cases, &c., report their success, and, if advisable, to publish the actual characters, with those drawn by the manipulators.”

menon ;” and the second, or method of difference, is that, “ If an instance in which the phenomenon under investigation occurs, and an instance in which it does not occur, have every circumstance save one in common, that one occurring only in the former ; the circumstance in which alone the two instances differ, is the effect, or cause, or a necessary part of the cause of the phenomenon.” At the same time it is admitted, that as regards the psychical element in this investigation, we are occasionally obliged to go a step beyond observation and experiment, and have recourse to the less certain method of deduction : we apprehend, however, that this source of uncertainty must chiefly be avoided by selecting *extreme cases* for observation, about which no reasonable difference of opinion can exist. As an example, take the faculty of mental calculation. No one, at any rate no schoolmaster, will doubt that there are marked innate differences in respect to this faculty ; that some boys, notwithstanding industry and constant instruction, never succeed, while others without an effort excel. That such facts have not escaped the attention of phrenologists, and that they have endeavoured to connect them with cerebral development is perfectly true ; but it is because their observations do not appear to have been sufficiently extensive, systematic, and free from bias, while we believe the method of enquiry is not vicious, that we wish to see a society, engaged in applying it to this subject, with a scrupulous avoidance of all possible sources of fallacy, and having for its motto, “ *Nihil temere credendum, nihil negligendum.*”

What has been said of the numerical, applies with like force to very many other faculties. Dr. Cheyne relates a marked example of an excessive love of order. “ We were told of a lady, by her friend and near relative, that when she returned from a party, even after midnight, she never failed to visit her drawing room, nay, if we recollect, all her public rooms, and if she found any of her furniture disarranged, would herself, before going to bed, put every article in its allotted place, although she knew, that, before she arose in the morning all this would be done by the housemaid. ‘ Oh ! ’ continued her friend, ‘ she was for her *passion for order*, the greatest plague that ever lived.’ ”\*

\* Dr. Cheyne in speaking further of this “ slavish addiction to orderly mechanical adjustments,” says “ This infirmity of the mind—this habit of undertaking and studiously completing unprofitable labours, sometimes belongs to whole families. Most of the members of a family, in which the writer of these pages was intimate, lay under this sinister influence: for example, one of them, whose

Were all the cases that could be met with of this or any other faculty in excess, brought together, evidence could surely be obtained whether they all agreed in any one respect, however much they might differ in others, *quoad* cerebral development. The same course would be pursued with regard to examples of marked deficiency. It would thus be discovered whether the phenomena in each department, that of mind or character, and that of cerebral development, are invariably connected—whether there is a manifest parallelism between the two—whether they are mutual exponents—whether, in short, their relations are such as to constitute a law. This is the question at issue, and it can only be determined by the comparison of a sufficiently large amount of well-observed facts; partly by inspections of the head in the living subject, partly by the inspection of the brain itself in the dead house, and partly by the collection of crania and their inspection in connexion with their associated mental manifestations. “As for the possibility,” to apply the language of Bacon to the present subject, “they are ill discoverers, that think there is no land when they can see nothing but sea.”

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*The Middlesex County Lunatic Asylums, and their Reports for 1855 and 1856.*

In years gone by, the reports of the Hanwell Asylum, when, under its able superintendent Dr. Conolly, the “non-restraint system” was in course of development, were anticipated and read with eagerness by all interested in the welfare of the insane. It was in this asylum that the experiment of treating the maniac without instrumental restraint was made on a large scale; that a physician was found willing to undertake the task and responsibility of putting into operation a method of treatment, which, though

house stood near a lake, seven miles in circumference, round which he rode every day of his life, when he gave his horse to his servant would frequently say, “Lord help those who must ride in all weathers.” Their insane propensity had among themselves the name of “*the prologols*,” a seemingly unmeaning word, to express what to many of their acquaintance was a subject of mirth, and to some of their friends, of regret.” We quote this, however, rather as an interesting psychological anecdote, than as fairly illustrating an excessive manifestation of the faculty of order.



incompletely and timidly put forward by others, had not found a sufficiently bold spirit to adopt and extend it, and to prove its practicability in a large asylum ; thus, as the theatre on which this grand experiment was performed, Hanwell, linked with the name of its physician, became famous at home and abroad ; its wards furnished the school for those desirous of learning the practicability and details of the scheme ; its reports supplied the lessons, and shewed the advantages to be gained, the errors to be shunned, the difficulties to be surmounted, and the encouragements to be gathered.

The fame of this Middlesex asylum extended itself so widely and so deeply on the continent, that, notwithstanding the present altered state, Hanwell is still regarded and quoted as a "model English asylum," as the one specially to be visited by those who would acquaint themselves with what the English can effect in asylum building and management. We should be much pleased to assist in undeceiving our fellow psychologists abroad ; for our own honor it is necessary that they should know that the glory of Hanwell is passed away ; that it is a very inferior and in many respects an ill-built, ill-adapted, and an indifferently managed asylum, and that if they would see a good example, they must journey beyond the metropolitan county, and turn their backs upon institutions where lunatics are herded by the thousand, fed and clothed as paupers, but not treated as patients.

Let us, however, examine the reports of Hanwell asylum for the last two years, to discover what progress, if any, has been made in improving it ; what success has befallen it, and what schemes are proposed for the future. The first thing that strikes us is, on the one hand, the gradually decreasing importance of the medical report since the earlier years of Dr. Conolly's superintendence of the institution ; and, on the other, the increasing number and copiousness of the non-medical reports. The latter circumstance is that more particularly requiring notice ; since the former is explicable from the cessation of the active changes attendant on the establishment of the "non-restraint system," from the settled quiet routine established, from the restricted movements of the population, and last, not least, from the almost utter impossibility of any facts to figure in a medical return being culled by the superintendents, overloaded as they are with work, and powerless as they are for any effective medical treatment of the inmates.

The non-medical reports consist of one from the committee, one from the chaplain, one from the matron, one from the garden committee, and one from the solicitors. This multiplication of reports is, to say the least, unnecessary ; it involves many repetitions and much useless writing. We may take exception to the report of the committee of visitors, in so far as it repeats facts properly referable to the returns of the medical officers, and as it assigns a preponderating importance to the committee in the management of the institution, and in the direction of details. For if the asylum has duly qualified and trustworthy officers, the less a body of visitors meddles with the internal organization and with the direction of its details, the more advantageous is it for the well-being of the establishment. Freedom and independence of action are necessary to the cheerful and efficient performance of duties. A meddling policy is mischievous and bad ; it irritates honorable minds, and deters them in their praiseworthy and noble endeavours to merit approval and reward ; it affords an excuse to the dull and unworthy for indolence and neglect. The policy of Hanwell, and we may add, of its sister county asylum, is notoriously meddling. The committee must step in as the supreme and sole authority in every trifling as well as important matter ; it must hold in its hands the entire correspondence ; it must undertake the hiring and discharging of every servant ; it will be paramount in the moral treatment of the patients ; it will decide *proprio motu*, on schemes for the improvement of the establishment, and lastly, it is from it we are taught to anticipate the results of experiments in the management of the insane.

The evil result of all this interference with the government of the establishment, with the authority of the resident superintendents, and with the management of the patients, is patent to every one who will be at the pains to enquire into the actual condition of the Middlesex asylums, and particularly of Hanwell.

The law requires that the resident medical officer shall be the superintendent of an asylum. How is the intention of the law carried out in the asylums named, where the committees assume every function of consequence, and where, as at Hanwell, a matron is elevated to the same importance as the medical men, and enjoys far more actual power under the approving auspices and encouraging regard of the visitors. The Commissioners in Lunacy would be well employed in investigating the working and the present con-

dition of both the county asylums in question ; in estimating the effects of crowding tens of hundreds of helpless lunatics in a large buiding, under insufficient medical care ; in convincing themselves both of the hopelessness of ever keeping down the development of lunacy—when all hope of cure, except as an accident, is cut off from those cases which are driven into them under the delusion of having their malady medically treated,—and of ever seeing the day when all the pauper lunatic poor of the metropolitan county will be provided for. The visitors of the asylums take care to be heard, and to sound their own praises in their reports. How excellently well they manage all affairs ; how satisfactorily and charmingly the institutions work under their supervision : how well provided for the patients are, and how tenderly their welfare is watched : such are the representations made, and they seem to be believed. But the officers who could report on the real condition of the inmates, on the working and deficiencies of the management are not heard ; they cannot under ordinary circumstances be heard, for they do not in their peculiar position, possess that independence which will warrant them in discovering what they know and what they believe, when such knowledge is unacceptable to the committees.

The matron's is the only other report calling for animadversion, and this, not so much for the matter it contains, as on account of its presence. What, we would ask, has a matron in her proper capacity to report ? Nothing more, in our opinion, than the amount of work done, of articles made by the female patients under her supervision ; and this return to be made to the medical superintendent and to be set forth in the tables of the appendix, just as is done by the storekeeper and the manager of the farm, which officials might with as much justice be called on for an annual discourse on subjects relevant and irrelevant to their offices, as the matron. But it is not so at Hanwell ; the matron there enjoys more consideration, and can descant at large *de omnibus rebus*, medical and general, and occupy more pages than the less important medical officers. Her effusions are no doubt highly acceptable to the visitors, indeed, in some reports of earlier date, than those under notice, we are distinctly told so ; and hence she revels in touching pictures of cases, in the narration of methods of treatment and of their results, and the like matters, which did the committee rightly understand the position and interests of their medical officers, they would leave to them. Indeed, the presiding



genius of the matron is visible in everything ; she reports on the health and condition of the patients ; on the conduct of the attendants ; on alterations in the house ; on points of moral management ; and when architectural changes are in contemplation, she is the oracle consulted and followed.

The ambitious tendency of the matrons of asylums is a very prevalent circumstance at the present day, and gives rise to much discord and to no slight mis-government. If the medical officer is, according to law and to the Commissioners' views, the rightful superintendent, then is it the duty of the visiting committees to see that he is so in fact, and it is the office of the Commissioners to take care that committees do not render the law void.

Let us now turn to the medical reports, which are, as might be expected from the little value assigned to medical officers in the conduct of the asylums, sufficiently brief. Remarks which should reflect on the management, complaints, intimations of defects, and plans of improvement, are matters which cannot be expected to survive the censorship of the committees, and appear in print ; unless indeed, duly accredited by them or by the Commissioners. Consequently, the medical superintendents are pretty much confined to the statistics, and to recording the movements of the population.

Dr. Begley, the long experienced and well known physician of the male department at Hanwell, reports the admission during 1854 (including 7 re-admissions) of 87 patients, "of these 44 were cases of mania, 19 of melancholia and 24 of imbecility ; general paralysis was associated with mania in 5 instances, in 1 of which epilepsy was superadded, and with imbecility in 11 cases, in 2 of which there was a double complication, viz., of paralysis and epilepsy ; epilepsy was combined with mania in 7 cases, besides the one in which it was also united with general paralysis, and with imbecility in 6 cases, besides the 2 of double combination already mentioned ; there was one case of epilepsy with melancholia ; 16 patients were discharged cured, 2 as improved, 4 as not improved, and 41 have died. The average daily number resident was 425."

On the female side Dr. Sankey records the admission of 82 cases, of which only one was a re-admission ; 14 were discharged cured, and 7 relieved, and 40 died. The average daily number was 580.

To proceed with the report of 1855, we find, 73 males and 78 females to have been admitted : 16 males and

21 females to have recovered ; 5 males discharged improved, and 2 men and 5 women not improved : whilst 50 males and 45 females died.

The average number of males in daily residence was 434, of females, 583.

In the male department of Colney Hatch, during 1854, there were (including 23 re-admissions,) 219 cases admitted, of which 73 recovered, 19 were discharged relieved, 19 unrelieved, and 116 died. The average daily number was 515.

On the female side, 111 were admitted, of whom 4 were re-admissions, and many others had been under treatment in other asylums ; 38 recovered ; 3 were relieved, 5 not relieved, 1 escaped, and 58 died. The average daily number was 733.

Again, during 1855, 151 male patients, including 14 re-admissions, entered the asylum ; 42 men were discharged recovered, 16 relieved, 2 not relieved, including one escape, and 92 died. The average daily number resident was 517. In the female department, there were 59 admissions, 16 recoveries, 12 cases relieved, 1 not relieved, and 36 deaths.

The average daily number was 732.

One suicide and one homicide occurred in Hanwell in 1855. The latter as teaching a lesson of precaution is worthy of notice. Dr. Begley thus narrates it :—

“ On the 12th of April, the Patients of No. 7 Ward (25 in number), having had their supper, were going to bed at a quarter before eight o'clock, all of them, being more or less refractory, have a single bedroom each. The attendant, in seeing them to bed, inadvertently locked up two (B. and W.) in one room ; he stated that, observing the day clothing of all outside their doors, he supposed that the patients were in their rooms, and, therefore, did not take the precaution to look into them. The room No. 19 was the one usually occupied by W., a man of exceedingly clean habits, of a mild expression of countenance, but very violent, prone to strike suddenly and without provocation any person within reach of him ; so frequently had he done this, that he was not allowed to sit near other patients, even at meals, but took his food apart from them at a side table, B, whose room was No. 10, directly opposite to No. 19, was occasionally violent, always dirty in his habits, and destructive of clothing. It is supposed that this man entered No. 19 room by mistake, and that his presence there excited the homicidal tendency of the other into action. What is known is, that the night attendant, when he visited the ward at half-past ten o'clock, and went as usual to the room No. 10, to see that B. was clean, &c., found it unoccupied, and the patient's clothes outside the door ; then, hearing a noise in the room 19, he opened the door, and saw B. extended at full length on his back on the floor, naked and quite dead. W. came out of the room in his shirt immediately the door was opened, and, pointing to B., said, “ That fellow will not allow me to sleep.” There was a mark round B's neck, as if caused by a cord, which had produced strangulation, and a mark of a severe blow at the top of the

nose, and of a bruise on the chest : the bed clothes were in great disorder ; amongst them were found the shirt and flannel of B. ; one sleeve of the former was twisted like a rope, as if W, had strangled B. with it ; the shirt was wet, as if it had been dipped in water and wrung out ; there was not a urinous smell from it, and there was not any water in the room."

The alterations and improvements effected, as referred to in the records of the medical superintendents are few. At Hanwell, in 1854, a special night-watch was appointed, and has succeeded in greatly reducing the number of dirty patients ; and at the suggestion of the Commissioners of Lunacy, the inmates were allowed to take exercise in parties of four and six, beyond the boundaries of the institution. Our readers will be astonished to find from Dr. Begley's report, that the latter is no new plan, but was introduced many years ago, by that enlightened and far-seeing psychological physician, the late Sir William Ellis, when superintendent of Wakefield, and afterwards of Hanwell, "but was subsequently abandoned." How interesting it would be to learn from Dr. Begley why this excellent practice was abandoned. We cannot believe it was from failure, or from hesitation on the part of Sir William Ellis, but must presume it was in consequence of prejudice in some influential quarters. Surely the records of Hanwell can elucidate this point, an important one in the history of insanity ; the minutes of committee must shew when the recommendation was made and approved, and when rescinded, at whose request, and why ? However this may be, the honor due to the memory of Sir William Ellis for the origination of the idea, must not be lost sight of. We apprehend, indeed, that the more rapid and striking changes in the moral treatment of the insane, effected since his time, have unduly obscured his merits as a reformer.

Dr. Sankey, on the female side of Hanwell, has applied himself diligently to limiting the employment of seclusion, and has been successful in effecting a great diminution in it. In carrying out his object, he remarks on the increased difficulties he has had to contend with, owing to the overcrowding of the refractory ward, and the very restricted airing court belonging to it, which "divided by the number of patients using it, will yield only a space of nine feet by ten feet per patient." These are defects calling for remedy by some expedient or other. To us it seems very practicable and desirable to relieve this crowding by distributing a certain number of refractory patients in the grounds set apart for other classes : for such patients when removed



from their riotous companions become, according to our experience, more tractable and are effectually benefited, and we believe that a less precise separation of refractory from quiet cases, than usually practised, would be salutary; that both classes would be mutually advantaged by the intermixture, if made with discretion, and regulated by constant oversight. We have been a long time convinced of the disadvantage of cutting up the exercising grounds of asylums into small, confined spaces, generally walled round: to maniacal subjects there is nothing like space where to disport themselves, to wear out their restlessness and morbid physical energy; where too they are not interrupted, and not agitated by seeing the excitement of many others immediately about themselves. A diminution of the partitions of the ground at Hanwell, we are aware, has taken place, but we are of opinion, more may be done in this direction. Moreover the high walls obstructing all prospect may be reduced, or what is much better, re-constructed as sunk fences, and the bare gravelled exercising courts, in part planted with shrubs and flowers, or partly laid down in grass. The experience of other asylums shows the practicability of this, and no demonstration is needed to prove its utility.

Among material improvements in Hanwell during the two past years are, the building of the new chapel and formation of an amusement room for the two sexes; the re-construction on the male side of the water closets upon Jennings's plan, and of many of the baths, the introduction of new windows and enlargement of others, the flooring with wood of several rooms, and the formation of a few dormitories out of contiguous small rooms, increasing the light and air and the facilities of ventilation. Besides the above alterations, a ward for 50 additional patients was constructed beneath the chapel, increasing the accommodation of the asylum to hold 1,022 patients.

In the medical history of Colney Hatch for 1854, Mr. Tyerman mentions an instance of a patient fracturing his arm when in the padded-room. Mr. Marshall speaks of the advantage resulting from the adoption of "a month's liberty prior to their final discharge," and cites three instances of recovery in illustration, where the disease had lasted more than ten years. The plan of dining a large number of patients together—300 men in the spacious exercising hall, has been carried out and "found satisfactory," and its exten-

sion is purposed both by bringing together larger numbers and by introducing patients of the opposite sex.

A new supplement appears in this year's report of Colney Hatch for the first time, viz. the introduction of meteorological observations, prepared by the dispenser, Mr. Rose, by the direction of the committee. The design is to endeavour "to ascertain if any real connexion is discoverable between the ordinary sol-lunar revolutions and atmospheric movements, and the paroxysmal and recurrent exacerbations which distinguish the class of diseases," of which epilepsy furnishes the type. This being the first set of observations, it is too soon to examine them to make any deduction; we hope, however, that Mr. Rose will persevere in his observations, and that he will not lack substantial encouragement from the committee. It will be the means of furnishing a valuable series of facts and of determining several mooted questions. We could wish that attempts to cull facts from the wide field of research opened out in county asylums, were more frequent; but alas, although, the harvest is plenteous, the labourers are too few and too multifariously occupied to have opportunity to reap it.

We now come to the scheme adopted by the Middlesex Visitors, sanctioned by "the Lunatic Asylum Act" of 1853, of setting apart a limited number of beds for the reception of recent cases of insanity. This plan was put into force during 1855, but without achieving any considerable beneficial effects. The regulations laid down were—

"That three beds on the male side, and four beds on the female side, shall be reserved for the reception of recent cases, and that no chronic case shall be received on either side, unless the number of vacant beds exceeds that above mentioned.

"That the following shall not be considered recent cases within the meaning of the foregoing Regulations, viz. :—

"If the insanity shall have endured more than twelve months.

"If complicated with epilepsy or any form of paralysis, partial or general.

"That the parochial authorities of the county be informed of the above regulations, and that they be further informed that whenever they seek for the admission of a case as a recent case, the application must be accompanied by a certificate from the Medical Practitioner examining the patient; 1st. That the duration of the attack has not exceeded one year; and 2nd, that the disease is not complicated with any form of paralysis or epilepsy; and that they be requested to state whether they have any case coming within the operation of these regulations."

In accordance with this arrangement, 24 males and 42 females were admitted into Hanwell since 14th June last, but the advantages anticipated were, owing to various adverse conditions, not realized. The first man brought to the asylum under the special regulations, was found to be paralytic, and accord-

ingly the committee gave the power to their medical officers to reject any similar cases, even when certified to be not paralytic; "others having slight signs of paralysis were received, it being doubtful whether their tremors and thickness of speech were really indications of paralysis, or only the effects of cold weather and the fatigue of the journey; but the disease having unequivocally manifested itself in the course of a few days, orders for the removal of some of the patients from the asylum, were given by the committee; others are also likely to be returned to the workhouses from which they were sent." Dr. Begley adds, that "of the 24 patients admitted, 6 were paralyzed, 2 are supposed to be epileptic, and the duration of the disease in several (in six certainly) is incorrectly stated,"—having lasted above one year. "But in 8 cases, without any complication, the disease has been ascertained to be of recent date, and may, therefore, be presumed to be curable." However, we find no further history of these 24 cases, and therefore, conclude that they are still under observation.

Of the 42 certified recent cases, "One has been discharged cured, 1 as an improper case, 7 have died, and of the 33 remaining, the cases of about 3, (says Dr. Sankey) afford a fair prospect of recovery, and the remaining 30 are cases in which there is little to afford a reasonable hope of cure, and in several the symptoms of general paralysis have become manifest since their admission into the asylum." The prognosis here offered is assuredly very unfavourable; 10 per cent. of recoveries in 42 cases,—the majority (perhaps, nearly two-thirds) of which are uncomplicated and recent,—is very low; for experience has sufficiently shown that insanity is curable in from one half to two thirds of cases sufficiently soon submitted to treatment. A still higher proportion is realized in some lunatic hospitals, and is pronounced by competent authorities to be attainable; but then, constant medical oversight and attendance are needed, and those conditions we cannot expect to see at Hanwell, where some 1,100 patients are handed over to be (as it is supposed by the authorities practicable) medically and morally treated by two medical men, charged with a host of minor and incidental duties.

To return to the regulation in question, we believe, with Dr. Sankey, that its principle is undoubtedly good, but that "it is to be feared the difficulties in the working of the law are such, that the contemplated benefit is not likely to be realized, or, at all events, not to such an extent as the com-



mittee desired." This able officer goes on to say, that, "at the time when the subject was brought before me to report upon, after as full a consideration as my limited experience would permit, I arrived at the conclusion that the only practicable mode of selecting such cases as would furnish a reasonable hope of cure was to have all patients examined at their places of residence, and before they are brought to the asylum, by a medical man appointed by the committee, and that he should be empowered to make a selection derived from his own investigation of the respective symptoms of each case. At present this selection is left to the parochial surgeons, who, at least, have a bias toward sending the patient to the asylum; and it must be owned, that in the disqualifying clauses appended to the regulation, there are many grounds for different interpretations, according to the bias that may be influencing the judgment. For example, it is no disqualification if a patient is labouring under a second attack of the disease, provided that the present attack is of less than twelve months duration; and there is no reason, provided that the cure from the first attack was perfect, why a second attack should be made a disqualification. But a difficulty arises in establishing the evidence of the perfect cure."

In Dr. Sankey's proposition there is much to commend. If the trouble, disappointment and annoyance resulting from the transmission of hopeless, or of almost hopeless, in the guise of recent and curable cases, is to be avoided, the appointment of a medical man for the especial purpose of seeking out appropriate patients, is a desirable expedient, and one attended with little or no cost to the county. For this officer might be remunerated by receiving the fee as the certifying medical man in each case sent by him to the asylum; and notice should be given him by the parochial surgeons of every case of insanity appearing in their respective districts, and which must ultimately become chargeable to the county. Indeed we would strongly advocate it being made obligatory by the Government, that every case of insanity, whether among the rich or poor, should be reported to some proper authority in the district in which it occurs; for instance, to the 'sanitary medical officer,' by whom it should be registered, and a return be made to the Commissioners in Lunacy. Thus every lunatic in the kingdom would be brought within the knowledge of the Commissioners, and be duly watched and protected. The registration of every death, is an accomplished fact; surely that of the social

death, of any individual, by the outbreak of insanity, might as readily be accomplished. That some such course is imperative, every one acquainted with the state of insanity and of the insane in England must admit. Hundreds, we may confidently assert, and, we doubt not, thousands of lunatics are scattered here and there over the length and breadth of the land, singly lodged with all sorts of persons, of whose existence Commissioners know nothing, and of whose treatment consequently they are equally ignorant.

To return from this digression, a specially appointed officer to carry out Dr. Sankey's scheme is the more necessary, since insanity, and particularly its complications with paralysis, is so little understood by the majority of medical practitioners; the subject unfortunately not entering, except by accident, into the ordinary routine of medical studies. This fact renders Dr. Begley's recommendation of less certain efficacy; although the practice generally adopted, according to that physician, of leaving the enquiry respecting the duration of the disease to the relieving officers, explains to a considerable extent, the sending of cases as above stated, so unsuitable, and so contrary to the regulation.

A very important topic remains for consideration; viz. the proposed enlargement of both the Middlesex asylums; that at Hanwell for 600, and that at Colney Hatch for 650 additional patients. They are at present adding to the latter, accommodation for 75 more patients, so that, should the building scheme be carried out, the number of inmates will be elevated to 1980, *i.e.* just upon 2000; whilst the plan at Hanwell would likewise raise the population there to about 1650.

An extensive increase of accommodation for the pauper insane of the county is indeed urgently called for. During the last six years, an increase of the pauper lunatic population of Middlesex has taken place to the extent of 1015: in 1855 alone, 261 persons of unsound mind were added. The result is, that in spite of the building of the additional asylum at Colney Hatch, opened July 17th, 1851, and of a slightly increased accommodation at Hanwell, there now are 1118 pauper lunatics unprovided for by the county institutions. This increase of lunacy, and the startling deficiency of accommodation for cases so soon after an enormous asylum has been opened for their reception, which was expected to meet any demands for many years to come, calls for serious enquiry as to the probable causes, and as to the best means to meet the difficulties entailed.

We shall more particularly limit our observations to the latter question ; how are the unprovided for lunatics to be best dealt with ? But we must first say a few words relative to the number of cases made chargeable to the county ; and although on the point to which we wished to direct attention, we are anticipated by the contents of the letter sent in reply to the Commissioners' queries, published in the Colney Hatch report, yet our notice of it, and the confirmation which we can lend to it, will possibly aid in making it better known. " It has repeatedly (says the letter referred to,) come to the knowledge of the committee, that patients sent here as paupers, are not so in the strict sense of the word. Some of them partially reimburse the parishes for their maintenance ; and in one recent instance, by collusion with the parish officers, a patient was sent here, the *whole* of whose maintenance was paid by his friends. This is so notorious, that parish officers now use the phrase " pure paupers," to distinguish them from those who are only partially so. Admissions of this kind are probably of more frequent occurrence than becomes known to the committee of visitors ; nor have they indeed much power of preventing them. It is, however, a manifest injustice towards the really indigent, and it tends moreover, to exhibit an amount of pauper lunacy which is really in excess of the truth." Instances of the kind mentioned are, we know, of very frequent occurrence ; agreements are entered into between parochial authorities and the friends of lunatics, for not only the partial, but for the entire and even for more than the average cost of their maintenance, as charged to the parishes. A positive evasion of the law is committed by transferring the lunatic for one night to the workhouse to give him the required pauper qualification. By this trick, parties capable of paying the cost of maintenance, even in a private asylum, escape the charge, and saddle the rate payers at large with much of the expenses incurred on their unfortunate relative's account.

Assuredly, indeed, no cases are more pitiable and deserving of relief, than those of heads of families, on whom the support of the whole household depends, and others, as professional men, even when single, seized with madness and without means either to have proper provision made for them, according to their previous condition in life, or able only to obtain it at the cost of pauperizing their families. It is truly hard and almost impossible to deny to such the advantages of a pauper asylum : nevertheless their admission



excludes others who are completely destitute. The former, it is presumable, have generally something to contribute towards defraying the cost of their maintenance; but it is insufficient to secure them the comforts, conveniences, and attentions, which in their past life they have been used to receive. The pauper asylum is not a fit receptacle for them, and the semi-pauper private asylum is equally unfit, for they cannot possibly receive so many advantages in it as in an actually pauper asylum,—their payment will not allow it, and it must be that the contrast of their present deficiencies with their past condition, will ever, while any mind lasts, be painful, and stand in the way of cure, or even of amelioration. We cannot therefore too heartily concur in the opinion, expressed in the letter above quoted, that “it would be very desirable that asylums should be established, where persons able to contribute a portion of the cost of the maintenance of their friends, should be assisted out of the public purse,” we would add, if private munificence do not come to their aid and build asylums for the middle classes.

In their official communication to the Middlesex magistrates, the commissioners sought to learn;—the existing accommodation; what additional accommodation was in progress or proposed; what arrangements existed with other counties and boroughs; what was the number of chronic, harmless patients which might be properly taken care of elsewhere; and, in general, what suggestions the visiting justices had to offer to remedy the present state of things. The Colney Hatch visitors reply by saying, that provision as above suggested should be made for those partly able to support themselves, and that criminal lunatics and idiots should be removed to special asylums. In all these suggestions every one will heartily concur, not as necessary only, but as essential to the well-being of all concerned.

The Commissioners’ proposition to remove chronic and harmless patients elsewhere would, in the opinion of the visitors, afford no material relief to the asylums. If sent to licensed houses, “the amount of gain would be measured merely by the difference between the number cured in them and those cured in the asylums. Again, there are many persons, of both sexes, who, under the system adopted in county establishments, are perfectly harmless, but who would not be so, if placed under other management.” They next proceed to argue against the establishment of an asylum for incurables, as involving the idea that the ever leaving it alive

is barely possible, and as consequently inflicting a cruelty without any attendant benefit on the many, who would be conscious of their hopeless condition. "In the existing state of parish workhouses, it would be impossible to find adequate accommodation for them, and to render it obligatory on boards of guardians to appropriate a lunatic ward in all union houses, would be inconvenient and expensive, particularly in the country; and, to say nothing of it being a return to the state of things before county asylums were erected, it cannot be supposed that the patients would ever be so comfortable as they are under the present provisions."

The reply of the Colney Hatch visitors to the Commissioners is dated March, 1855; at this date, speaking of the accommodation of their asylum, they observe, "they would on no account recommend any addition to be made. In consequence of the prohibition to erect a third story, *it is already inconveniently large*, and the loss of time, owing to the great distance from one portion of it to another, is a serious evil. To add a third story *now*, would be very difficult and not desirable. . . . Any remedy would be preferable to the erection of a third asylum, entailing, as it would, so vast an addition to the present enormous annual expenditure."

In July following, the necessity for taking some steps towards meeting the emergency consequent on the rapid increase of pauper lunatics unprovided for, led to an order from the Court of Justices of Middlesex, "that the committees of the two lunatic asylums be requested respectively to consider, and to report to the court, whether in their opinion, any additional accommodation can be procured, and if so, to what extent, and in what manner, at those asylums, for receiving the pauper lunatics of the county." The result of the deliberations is the resolution of the committees to enlarge each of the county asylums, Hanwell, by 600, and Colney Hatch by 650 beds.

This resolution we cannot too much deplore; it will continue and aggravate the many evils which have a long time been apparent. Certainly the Middlesex magistrates have gloried in their county possessing the largest lunatic asylum in the world; they are attracted by the hugeness of the establishment, and now seem disposed to outstrip all rivals in monster asylum building. But we think a large asylum to be no more honorable to a county than a large prison; the latter indicates neglect of the moral condition, of the education, and of the police of the county; the former is

equally evidence of neglect, and of the absence of the means of cure, where recovery is practicable. Insanity is a very curable disease when medical and moral treatment are scientifically applied to meet individual cases ; but what treatment, except the incidental and routine management of the institution, can be obtained by a recent case at the hands of the medical superintendent, charged as he is with the care of several hundreds of lunatics and numerous accessory duties. Such asylums as Colney Hatch and Hanwell might justly be called manufactories of chronic insanity. If a case recover, and few indeed are those that do recover within their walls, it is certainly the result of fortuitous circumstances, and not of any special treatment applied to it. If recent insanity is to be treated, not more than a hundred cases ought to fall within the province of any one physician. Each case must be closely watched in all its psychical and physical manifestations, and its treatment be constantly varied according to its changing conditions. But in the colossal establishments of Middlesex, positive and effectual treatment cannot be applied ; the recent case is swamped in the multitude of others demanding, although chronic, various attentions from the overtasked medical superintendent ; the patient is not justly treated, and far too frequently becomes a confirmed lunatic. The attendants accustomed to mere routine of the wards, to busying themselves in cleaning and polishing, in dressing and bed-making, and in the many details of household economy, are not qualified to observe and report the medical features of an acute case, nor properly to manage it. Indeed, except to serve in the so-called "moral treatment," *i. e.* in keeping order and observing method, in preserving cleanliness of the ward and its inmates, and in carrying out the regulations as to exercise, employment, and the distribution of meals, the attendants of very large asylums are inefficient for curative purposes. This inefficiency shews itself even when sickness overtakes the old inmates ; the nurses are not at all, or but little, awake to observing changes in the physiognomy and the various corporeal symptoms indicative of the onset of disease, and which, to save life, demand immediate attention. Where the mind and sensibility have sunk to a low state, where melancholy broods heavily on its victim, and in other instances, it is only by the eye of the experienced, that fatal disease is to be detected, for the unfortunate patient himself makes no complaint. Many, may lose their lives from this cause ;



instances may often happen where disease has made such havoc of the frame before the observation of the unprofessional and inexperienced eye notes it, that recovery is hopeless. The medical officer, confronted by hundreds of cases, cannot watch each one from day to day, and must trust to attendants to call his attention to the symptoms of disease.

Among the female attendants these disadvantages must be still more felt; they are not nurses, accustomed to medical matters; they are besides mostly young: from these circumstances, judging from our experience of the backwardness of young women to report various particulars concerning female patients, it happens that when sickness occurs, or a recent case is admitted, they are found very inefficient, and the consequent cause of much prejudice to the cases under their care. In these great establishments, moreover, where the medical element is almost null in effect, what security is there for the due administration of medicines, for the proper employment of various appliances to the sick, and for the observation of the effects of remedial agents? Surely, from these circumstances, as well as from the consideration of the previously noted evils, it becomes evident that large asylums, such as those of Middlesex, are unfit for the *treatment* of insanity; they may serve for chronic cases tolerably well, but for the treatment of recent attacks, a special establishment is necessary, in short, a lunatic hospital for the county. Unfortunately, the impression prevails among the magistrates of Middlesex, that insane people only require to be placed in an institution among other insane people, and where a moral system of treatment is pursued. That insanity is a disease of the bodily structure, just as an inflammation of the lungs, and requires systematic medical treatment, is a truth ignored by them. The resident medical officer in one of their asylums is with them nothing more than an officer by having whom, the expense of a visiting surgeon is avoided. The superintendent is an overlooker and director, the head of a staff of subordinate officers, but cannot rightly be termed the physician of the asylum; he is wanted to exercise medical functions only when casualties demand, and, as far as practicable, to attempt something in the medical way before a patient makes his exit from this world, provided always, that the patient has complained, or that the existence of illness has been discovered by the attendant.

How high an opinion the visiting justices entertain of the capacity of the bodily and mental powers of a medical superintendent, and, on the other hand, what value they set upon medical treatment, is well illustrated by the following fact, mentioned in the report of the steward of Colney Hatch, for last year. He writes, "I must also remind the committee, that some three years since it was with them a matter of serious deliberation, whether it was advisable that the male and female departments should be placed under the care of one medical superintendent, and, in fact, whether one medical officer should have the supervision and direction of 1250 inmates, and an extended range of building, or whether the two departments should continue, as they are at present, separate and distinct." If then, argues the steward, "it is considered feasible for one person to superintend 1250 patients of both sexes in a building extending from one extreme to the other, nearly two-thirds of a mile, would it not be equally feasible to superintend 840 patients in a building one half (somewhat more we would remind the steward, when his additional wards are built,) the extent, provided they are conveniently and safely located, although those patients are all males."

Who can dispute the feasibility of a medical or of any other man *superintending* 840, 1250, or two or three thousand more patients, collected in an asylum or in a town, as a governor or director, if subordinate agents in sufficient number are allowed him? But we think the question with the county is not, how can we govern our insane population most easily, and at the least possible cost, but how many, and by what means can we succeed in curing cases of insanity as they arise, and thus permanently diminish the expenditure, and consequently the rates. Certainly the latter results are not to be attained by persevering in the old scheme of congregating lunatics by tens of hundreds, (a circumstance in itself prejudicial to recovery and to health,) but by making suitable provision for the immediate treatment of the pauper insane.

The circumstances of the county are now so pressing, that something must be done to find accommodation for the 1100 cases yet unprovided for. However adverse, therefore, we are to enlarging the present overgrown asylums, it seems almost inevitable unless a third asylum be erected. The city of London is now compelled to build for its lunatics. Could the county arrange with the city authorities to build a joint asylum? Such a plan would save expense to both

parties. Is not, however, the erection of a third asylum demanded for the county by the fact of the constant progressive increase of lunacy ; for even if the whole number of chargeable patients be provided for in the existing asylums by the extensive additions contemplated, this will no sooner be effected, than a host of fresh applicants will demand admission, and then surely, further extensions could not be thought of.

The county is bound to provide for its indigent pauper population, and cannot shirk the expense. To enlarge the present asylums will only stave off the necessity for a new one for a year or two ; and whether a third be built for existing chronic cases or not, an hospital for recent ones is imperatively demanded, both for the interests of the afflicted patients themselves and for those of the county. Such an hospital, with a proper medical staff, would furnish every possible means of preventing for the future, the alarming increase of chronic cases, and we hope, might so restrict the number of incurables, that future accommodation for them would not be called for. Taking the possible cures at 70 per cent, and the deaths at 10, the incurables to be drafted to the two or the three other asylums, would be but 20 per cent, exclusive of paralytics, epileptics, and idiots ; a number not exceeding the removals by death and by occasional recoveries, after many years confinement, annually taking place in them. Accommodation for 300 recent cases would, we believe, be found sufficient.

The great argument with the visiting justices against the erection of a third asylum is, the immense expense, whilst the inducement to enlarge the existing establishments is derived from the comparatively cheap cost at which it may be effected. No doubt the latter plan has the advantage of cheapness ; but, as said above, it will defer the carrying out the former for only a few years. Then again, if the proposed additions be made, more medical officers are certainly required. In the Colney Hatch report, the steward remarks, "an addition to the present medical staff of the asylum would, I presume, be required ;" but none of the Hanwell authorities seem to have thought of such a requirement ; no accommodation for even one additional medical officer is provided for in their plan. So it seems that the present woefully insufficient medical staff must submit to the imposition of more work on themselves ; that evils resulting from the neglect of medical treatment, and from imperfect medical supervision, must continue to augment



until they attain such proportions, that public attention is directed to them, and public indignation visits their abettors.

Charges of ill-treatment by attendants have of late years, been made in many asylums ; casualties and injuries, known during life, and others brought to light by autopsies, are of too frequent occurrence ; and although committees have partially exonerated their servants from blame, and juries have found verdicts of "natural death" and "no person in default," yet suspicions will arise that the treatment of the inmates is often none of the kindest, and no doubt can exist that a greater concentration of superintendence is frequently heeded. Can a proper superintendence of the psychical and physical, of the moral and medical condition of 600, or as is proposed of 800 mentally, morally, and bodily afflicted patients, be exercised by one man ; can that one man, in addition, regulate and watch the conduct of some 50 or more attendants and servants ; overlook the general order and working of the establishment ; carry into effect medical treatment, diagnose disease, secure the due administration of medicines, feed patients who would starve themselves, order and arrange employment and exercise for the inmates, attend to casualties and to sanitary details, make weekly or fortnightly reports to the committee, keep records of the cases and make the necessary returns to the Commissioners, conduct autopsies and keep records of them ; can, we repeat, each and all these duties, and not a few minor ones unmentioned, be satisfactorily and properly performed by any one man ? Can he be made accountable if the machine goes wrong in any part ? Can he feel sure his patients are kindly treated and properly attended to ? Can he do justice medically to any one afflicted patient, whose restoration to health and to society depends on the efficient exercise of medical skill ? Will not every thinking, reasonable man reply in the negative ? We look upon an attempt to persuade the visiting justices, that the present system is radically wrong, as hopeless ; they are too much enamoured with the notion of its completeness and excellence, too satisfied with the sufficiency and perfection of their arrangements. In their eyes Colney Hatch and Hanwell are model asylums, matchless in size, and in every other good quality.

If the enlargement of the existing establishment be determined on, the rate-payers should insist on the increase

of the medical staff to secure their effectual working. If this be done, then the other evils consequent upon their great magnitude will be of secondary importance, and some security will be supplied against the rapid production of incurable cases, as permanent charges upon the rates.

We had intended to have carefully analysed the plans for the additions proposed to Hanwell and Colney Hatch ; but the want of space forbids detail. The Hanwell plan is the production of Mr. Harris, formerly the engineer ; whilst the Colney Hatch plan is designed by the steward, Mr. Henderson, who confesses to his non-professional character as an architect.

The estimated cost of the additions at Hanwell, which involve the entire re-building of the general offices, is £68,600 ; the cost at Colney Hatch, including the building of new and the enlargement of former general offices, is £42,874, making for the two £111,474, and providing for 1,250 additional cases. He would be a bold man who would undertake that this estimate should not be exceeded. What is the wont of architects ? Is it not the common rule, (at least, the exceptions only prove it the rule,) that their estimates are greatly exceeded ere the work is completed. Have not the visitors of Colney Hatch a example before their eyes in their own asylum, estimated to cost about £80,000, but which actually did cost from £250,000, to £280,000 ? They must have an apostolic amount of faith to believe that £42,874 will provide them space for 650 more patients, and the renewal of most of their offices on a still more extended scale than heretofore. Moreover, be it remembered that this estimate is made by a gentleman, very ingenious indeed in his ideas, but not aided by any personal experience in building matters. What a host of extras may therefore be looked for. No commission, no clerk of the works, no expenses for ground work are charged. A dining hall, 80 feet by 50 feet, for female patients ; a scullery, 24 feet by 18 feet, and a mess-room for attendants, 45 feet by 24 feet, are to be built for £1,508, the fittings to cost only £55 of this sum ; a bake house with three ovens and loft above, and the necessary fittings to be built for £302 ; and so on of other structures, all on the same building-made-cheap plan.

Mr. Henderson and Mr. Harris entertain the views of the committee as to large asylums and medical supervision. We should think the rate-payers to have got off very well indeed, if the proposed changes cost no more

than £150,000, and we would put it to the magistrates and to the rate-paying public, if this sum, or the estimated £112,000, would not be far better expended in building and fitting an asylum less expensively constructed than Colney Hatch, for the reception of the chronic, old and harmless patients, who require a less elaborate system of management, and less attendance than the rest of the asylum population. In a detached wing of such an asylum the idiots might well be accommodated, and their separation advocated by the visiting justices be thus sufficiently secured.

The scheme for adding to the accommodation of Hanwell, is particularly objectionable, and deserves the veto of the commissioners, and the protest of every one interested in the welfare of the insane. Extensions of the ground-plan are forbidden by its already overgrown extent, except for the purpose of removing the general offices to a more convenient position. Additions to the existing buildings are opposed from several considerations, and especially from their unfitness. Who that has seen Hanwell, does not perceive that it is a most indifferent asylum in its very structure; that the wards are too narrow and low; the rooms confined; ventilation and warming imperfect, and that irremediably so; the windows bad; the staircases exceeding in badness all those we have ever seen; the airing-courts too confined, and the *tout ensemble* of the building internally unpleasing and heavy. If a third story be raised above the present floors, it must partake of the like defects with respect to limited dimensions; an effectual system of warming and ventilation will be impracticable; the deficient courts will become still more so. Moreover, all the objections hitherto urged against a third story to an asylum, apply in their fullest extent to such a construction at Hanwell.

It should be remembered that Hanwell asylum is overpopulated; that there are wards and dormitories beneath the level of the ground, which in any other asylum would scarcely be tolerated by the Commissioners. Rather than see the patients so situated, we would prefer an addition to the extent of the wards above, even by the construction of a third story. Before new accommodation is provided for fresh cases, the giving up of these underground abodes ought to be insisted upon. Much has been said and written against corridors with rooms opening on each side, but here at Hanwell we find such galleries not only on the ground floor, but also beneath it, and containing some fifty patients and upwards, who have in such dull abodes to drag out their unfortunate existence. The underground dormitories for females, lighted



only by windows opening into damp, narrow areas, one entering out of another, wretchedly ventilated, and in appearance like wine vaults, are probably known to few.

The rule of the House of Commons is, to have grievances redressed, before grants of money are voted. Let this rule be enforced by the ratepayers in the case of Hanwell: let them see the present patients properly lodged and tended, before money is voted to furnish accommodation for fresh inmates. The stone or tile floors of the sleeping rooms require to be replaced by wood; the institution to be properly warmed and ventilated; bath-rooms rebuilt and multiplied, so that each ward should have one bath; and if bathing is to be systematically pursued, as it should be, a bath-room for each department erected; and last, not least, a sufficient supply of hot water for the baths, so that some decency may be observed and the feelings not outraged, by bathing ten or a dozen patients in the same quantity of water.

To notice some of the alterations and additions designed, we may first state that Mr. Harris proposes the construction of some additional wards, having a row of rooms on each side of a central passage or corridor; that is, he will perpetuate and increase an already existing evil. He adds a projecting recess from the centre of each ward to form a day room, and uses the present day rooms for dormitories. The recess is a good feature, rendering the wards lighter and more cheerful, but the multiplication of patients in each ward, by using the day-rooms as large dormitories, is objectionable and subversive of proper supervision and management: in some wards as many as sixty or seventy patients will be congregated. Indeed, the crowding will be very great in those wards where the patients occupying the third story only for sleeping, must be disposed during some portions of the day. The conversion of the existing workshops into dormitories is open to several objections: but the notion of sleeping the patients employed in the laundry and washing houses, in a room over the laundry cannot be too severely condemned; for it is nothing less than cruelty to restrict the unfortunate female patients to the wash-tub from year's end to year's end, day after day, from morning till night, and when night comes to march them up-stairs to sleep, above their workshop; forbidding them, as it were, to forget their position, and denying them the change of other wards, and other companions. We discover no day-room and no dining-room provided for them. Indeed, Mr. Harris states that "both patients and servants will take their meals in the laundry."

By examining further into the details of the plan, we might point out numerous other objections and defects. For instance, there is no provision for increased airing courts to meet the requirements of the proposed large increase of patients. Truly, Mr. Harris has squared one or two old courts; has added a small yard on each side as an airing court for his projected refractory wards, and designed a large additional court in front of the building, but this last is abstracted from the fine exercising ground, which is at present one of the few good features the asylum has to boast of; the proceeding is therefore on the sapient principle of "robbing Peter to pay Paul." It should be noted, moreover, that the fine front fields will be encroached upon by the extension of the present wings forward in a T shape. The newly erected chapel will also be too small for the augmented population. For the present number of inmates it is actually too small, if all attended who could do so; the scheme advanced to remedy this is to build a gallery, but the elevation of the chapel is really too limited to admit of one being erected; such an additional structure would interfere not only with the appearance, but with the lighting, and especially with the ventilation of the building; a most insufficient supply of air would be afforded to each person, and besides these evils, there are all the disadvantages of an elevated gallery for the use of the insane.

We would, however, give credit to Mr. Harris for several projected improvements: among these are, the rebuilding of the kitchen and other offices, common to the two departments, in a central position in the rear of the house; the removal of the foul linen wash houses further away from the wards (Is a separate one needed on each side?), and of the piggeries and cow houses. The position of the covered way, on each side, to the kitchen should be reconsidered; it very awkwardly cuts off the proposed dormitories from the ward to which they belong, as well as the existing subterranean dormitories, or, as they might rightly be called, wine cellars appropriated to patients. Certes, we should rejoice if the latter were quite cut off, and the discredit of them to an English asylum abolished.

Reviewed as a whole, Mr. Harris's plan for enlarging Hanwell cannot be commended. It perpetuates and augments existing evils and introduces others. It proceeds on an erroneous principle, that of building upon, altering and patching a bad basis, the existing ill-built edifice,—and therefore necessarily repeats what is objectionable. At the same time, except in the case of general offices, as mentioned, it

remedies no defects; it leaves the present population badly, and much of it wretchedly lodged; it leaves subterranean not ventilated, and not-to-be-ventilated wards or dormitories, dismal and dungeon-like in character, half lighted and overcrowded; it leaves all other wards and dormitories equally overcrowded with beds touching beds, with a most insufficient supply of air, badly or not at all warmed; it leaves the present, winding, barred, cage-like and dangerous principal staircases, and the equally bad small staircases, together with many other grave defects untouched and unremedied. A proper infirmary in lieu of the very unfit rooms so called, is needed on each side, especially on the female; a dining hall, common to the two sexes, or one for each sex, is a desideratum; but no such improvements are proposed.

We have no space to review the plan for the enlargement of Colney Hatch. The same architectural objections do not obtain as at Hanwell; but the congregation of so many hundred lunatics in one area is objectionable, and unless medical supervision be provided far more completely than heretofore, any increase should be utterly denounced.

The saving in cost of construction and in subsequent cost of management, will not be much if the projected additions be made in lieu of building another asylum. It is on the ground of great comparative cheapness that the present schemes at Hanwell and Colney Hatch are urged upon the county rate-payers; let then the estimates given be closely investigated; for we detect the omission of many items of expenditure, and are perfectly convinced that the estimates for almost every part of the work are very much understated. We entertain very considerable doubt, of the greater cheapness in working the asylums when so added to, compared with the management of a distinct establishment, provided that efficient government and the practicability of medical treatment be ensured, and that the increased duties be not thrown upon the present insufficient medical staff. In Mr. Henderson's plan distinct offices are proposed for each sex, a new additional kitchen, laundry, dining hall, &c., are to be erected, and for these additional servants must be hired, just as much as if they were offices of a distinct asylum. No doubt the larger the number collected in any given building, the less is the average cost of maintenance, but this cannot outweigh the many disadvantages of the excessive multiplication. The argument that a better locality than Colney Hatch could with difficulty be found is very fallacious; it is a tenacious clay soil, and the building is low down on a hill side, and consequently disadvantageously



placed for ventilation. Few will recognise the force of the argument, that "the enlarged asylum will surpass in working a new institution, because in the latter the staff are strangers to one another, and in many cases strangers to their duties."

We trust the committee of Colney Hatch asylum will re-peruse and reconsider their letter of March, 1855, to the Lunacy Commissioners, and be induced to retain their then expressed convictions, that, on no account should any addition be made; that the building is already inconveniently large, and that the loss of time its size involves to the officers, is a serious evil.

Here we must pause, hoping that wiser counsels as to the best mode of managing and treating the insane poor will for the future actuate the visiting justices of the Middlesex county asylums.

J. T. A.

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*Dr. Conolly and Mr. Pownall.*

In the late Mr. Sergeant Adams, who for many years occupied so prominent a position among the Visitors of the Hanwell Lunatic Asylum, the public have lost a laborious and faithful servant; society has lost a warm-hearted and benevolent man; and the insane have lost an energetic and devoted friend. During the first years of arduous exertion and intense anxiety, which followed the introduction of the non-restraint system at Hanwell, Dr. Conolly found no more strenuous supporter than the late assistant judge. If this worthy man had any imperfections of temper, or of character, let them be buried with him; let them not now be remembered to mar the tribute of grateful remembrance which we owe to his large-hearted philanthropy.

He had to steer his course through troubled waters. During the heat of the non-restraint discussion, and of late years in the somewhat turbulent court over which he presided, the circumstances of his public life were not always such as to bring into relief the most amiable traits of his disposition; and his impartial biographer might find it needful to use the apology of Tacitus, "*At mihi nunc, narraturo vitam defuncti hominis, venia opus fuit: quam non petissem, ni cursaturus tam sœva et infesta virtutibus tempora.*"

It is not in these days true, that censoriousness pursues its object beyond the limits of the grave; it is *not* the "*evil* which men do, lives after them;" and in speaking of the departed, men commonly adopt the principle of a well known and charitable maxim to that effect. But the privilege of recording the virtues of the dead, affords no sanction to invade the rights and the reputation of the living; and if we can suppose the spirit of a just man to be still conscious of the events taking place in the scenes which he has left, we must feel assured, that no event can be more calculated to disturb the serenity of his peace, than a knowledge that his posthumous reputation had been constructed upon the violated rights of others.

We have been led to these reflections by the perusal of the Address of Mr. Pownall, chairman of the Middlesex Quarter Sessions. Speaking of the late Mr. Sergeant Adams, he remarks,

"It was in 1838, that our late friend joined the committee of the Hanwell asylum, and then he directed his great energies to ameliorating the condition of the unfortunate lunatics, the patients in that institution, where *the non-restraint system had been but partially carried out by Sir William Ellis and Dr. Conolly.* The vindication of all the measures of improvement fell principally on him, and nobly and successfully did he advocate the cause of suffering humanity. There are in this court yet, those who recollect his able exertions, and will remember him with lasting respect, for those efforts which *enabled the committee of the asylum at that time to effect their benevolent object.* Happily he was spared to see the glorious result of his endeavours; severity of treatment transformed into treatment characterized by kindness and pity, anger into compassion, oppression into mildness, and unutterable woes and suffering into calm tranquillity and enjoyment." *The Times*, January 18, 1856.

This address contains, as we shall shew, misrepresentations of the gravest character. We cannot for one moment believe that they were made intentionally, and with knowledge. But as Mr. Pownall is also chairman of Hanwell, we must be permitted to express our great surprise that he was not better acquainted with the proceedings of the body, and with the history of the institution over which he presides.

The address above quoted contains the following propositions:—

1st. That the non-restraint system at Hanwell was partially carried out by Sir William Ellis.

2nd. That it was partially carried out by Dr. Conolly.

3rd. That the committee of the asylum effected this object.

We shall prove from the reports of Dr. Conolly, which were adopted by the committee, and by those of the committee themselves, that each of these propositions is untrue, and that each of the following propositions is true.

1st. That Sir William Ellis did not introduce or practise the non-restraint system at Hanwell, and therefore could not have partially carried it out.

2nd. That the non-restraint system was introduced by Dr. Conolly; and that it was not partially, but completely carried out by him.

3rd. That the committee gave their sanction to the experiment, but that for many years after its complete success, they gave the whole credit of it to Dr. Conolly. That "the visiting justices pretended not to meddle with the curative part of the question;" and that they considered their duty to be, that "of *watching* with calm and unprejudiced minds, the practical working of the system."

That Sir William Ellis did not introduce the non-restraint system at Hanwell, we have the negative evidence of his published work, on the treatment of the insane, and of his seven annual reports, from 1832 to 1838. We have carefully looked through both his work on insanity and these reports, and we have been unable to discover the slightest allusion to the non-restraint system. The treatise contains a long chapter on the treatment of insanity, occupying 113 octavo pages. It has been evidently dictated by an extended experience, by sound good sense, and by a kindly heart, but it contains not one word respecting the non-restraint question. If Sir William Ellis had introduced the non-restraint system at Hanwell, it is perfectly incredible that neither in his treatise, nor in his reports, he should have alluded to a fact of so striking and momentous a character that when it did occur, it strongly excited public attention, and gave occasion to general and animated discussion. But we are not compelled to rely on negative evidence alone to disprove Mr. Pownall's assertion, that Sir William Ellis was the introducer of the non-restraint system. The positive evidence consists in the fact, that when Dr. Conolly was appointed to the Hanwell



asylum, he found the employment of mechanical restraint in vigorous and constant use. There was indeed an interval of about a year between the resignation of Sir William Ellis and the appointment of Dr. Conolly, but there is nothing to shew that this interval was remarkable for anything, except "a want of harmony and co-operation among the officers of the establishment, accompanied by a relaxed state of discipline and disorder."—*Visitors' Forty-ninth Report.*

The extent to which mechanical restraint was used in the Hanwell asylum, immediately before the appointment of Dr. Conolly, was illustrated by a memorandum supplied by Mrs. Bowden, the then matron to the institution, a lady, who devoted her remarkable energy of character, great experience, and mental power, to the zealous assistance of Dr. Conolly in his arduous undertaking. The following extract is from Dr. Conolly's second annual report :—

"A memorandum relative to restraints, furnished by Mrs. Bowden (late Miss Powell,) the matron, comprehends forty one cases, almost all of which were in *constant* restraint of some kind or other previous to September, 1839. Fourteen of these patients were almost always fastened in restraint chairs, and twenty were almost always in a kind of strait-waistcoat called *sleeves*: several were in complicated restraints, and some in a chair, and at the same time in sleeves, or the muff, or in leg-locks. All these patients were liberated before the end of September, 1839. Not one of them has been in restraint since."

In Dr. Conolly's first report, he gives the earliest notice of the non-restraint system at Hanwell in the following passage :—

"The article of treatment in which the Resident Physician has thought it expedient to depart the most widely from the previous practice of the asylum has been that which relates to the personal *coercion* or forcible *restraint* of the refractory patients. Without any intention of derogating from the high character acquired by the asylum, it appeared to him that the advantage resulting from the degree of restraint permitted and customary in it, at the period of his appointment, was in no respect proportionable to the frequency of its application."

Was it possible that the visiting justices of the Hanwell asylum could have adopted and presented to the Quarter Sessions, a report containing the above passage, if the non-restraint system had been introduced into the establishment by his predecessor. To any dispassionate mind, these extracts must be conclusive. The kind and amiable Sir William Ellis was a true benefactor to the insane; he was a good administrator, and a man of sound practical views; he introduced more than one important improvement in the management of asylums. We do not doubt, that under his superintendence, the patients at Hanwell enjoyed an im-

munity from the more revolting kinds of restraint which were employed at other public asylums. Indeed we have reason to know, that Mr. Gaskell, now a Commissioner in Lunacy, who visited Hanwell at that time, recorded in the visitor's book, his satisfaction at the small amount of restraint which was then in use. We mention this fact without hesitation, since, after Dr. Conolly, no one has done so much for the general adoption of the non-restraint system as this able and energetic Commissioner. But it must be remembered, that Mr. Gaskell at the time mentioned, was himself unenlightened on this subject, and we know, from the report of the Lancashire asylum for 1854, that restraint was there employed habitually and extensively, until a time subsequently to Dr. Conolly's success at Hanwell. But not only was Mr. Gaskell unenlightened, all men were unenlightened; and it is no reproach to Sir William Ellis, that forty-one of his patients were in almost constant restraint of some kind or other, or to Mr. Gaskell, that he thought the amount of this restraint moderate and satisfactory. It was only at the small and comparatively unknown asylum at Lincoln, that the non-restraint system in its integrity had been known to and tested by Mr. Gardener Hill. Dr. Conolly discovered the discovery, appreciated its value and introduced it into the largest asylum in the kingdom: he adopted it as a cause, and through evil report and good report, he fought the hotly contested battle, until at last he has the proud satisfaction of seeing its truth realized, and its principles adopted in almost every institution in the kingdom.

Having proved our position from the reports of Dr. Conolly, which were adopted and printed by the visiting justices of Hanwell, we shall take the liberty to repeat the proof from the reports of the visiting justices themselves. The first notice they give of the non-restraint system is contained in their fifty-first report, presented to the Michaelmas Quarter Sessions, 1839.

"This leads your Committee to notice a very beneficial change which has been *introduced by the medical superintendent* in the management of the patients. They are induced to notice this, though it forms a part of the medical report, because it has entailed a trifling increase of expense by the employment of a greater number of keepers and nurses. The alteration consists in the substitution of vigilant superintendence for personal restraint, except perhaps on very rare occasions, and in extreme cases."

They proceed to report, that in consequence of this new system *introduced* by Dr. Conolly, the committee have employed nine additional keepers. In their fifty-second

report they state, that they "have looked with anxious hope to the experiment which is *now under trial* by the resident physician." In their fifty-fifth report, 1840, the committee state themselves to be "anxiously *watching* the progress" which the new system is making; and referring to a serious illness of Dr. Conolly; "The committee cannot refrain from expressing a hope, that for the sake of the humane and judicious system which owes so much to his talent and exertion, his health may be speedily established." Further on they employ the following language, to which we sincerely trust that some of the visiting justices will draw Mr. Pownall's particular attention.

"When it is remembered that this is the only additional expense which legitimately belongs to the abolition of the old system of bodily coercion and instrumental restraint, and the substitution of the humane and enlightened treatment *which the resident physician has so successfully introduced*, the committee are satisfied that the impression of the Bench will rather be that of wonder at the insignificance of the amount, than surprise that such increase should be necessary."

"The Visiting Justices cannot conclude without calling the attention of the Court to the very valuable document drawn up by the resident physician, which will, in public opinion, give to their report its chief value. From this production of a master-mind the medical world will learn, not only the principles which have guided him *in carrying out to its full extent* one of the greatest improvements of modern times; but a valuable body of facts, by which they who have the care of similiar institutions, and are disposed to take the same enlightened path, may at once be prepared to obviate the difficulties, with which otherwise they might, not without great labour, have to contend."

These passages conclusively prove, that in the opinion of the visiting justices of Hanwell,

1st. That Dr. Conolly, and he alone, was the person who introduced the non-restraint system into that institution, and,

2ndly. That he succeeded in carrying it out to its full extent.

In the fifty-second report, the visiting justices have great pleasure in stating, that Dr. Conolly's health appears to be gradually amending.

"Every day's experience confirms the opinions they have long entertained of his great value to the asylum as a physician, *if the non-coercive system is to be established there*, and of his many estimable qualities as a man."

The visitors evidently felt when this report was written, that the establishment of the non-restraint system at Hanwell depended not upon themselves, but upon their physician. The first paragraph of the fifty-ninth report, 1841, contains a sentence which is conclusive against the claim put forward in behalf of Sir William Ellis. The visitors state in so many words that, "The system of non-



restraint has been adopted for the last two years at Hanwell." At page 1839, they state by whom it had been adopted, thus, "*The system which had been adopted by the resident physician at Hanwell, and had been sanctioned by the visiting justices.*"

Further comments upon the extracts from the reports of the visiting justices of Hanwell would be superfluous; they prove conclusively, that whatever may be the opinion of the present chairman, the gentlemen who were the visiting justices of Hanwell asylum at the time when the experiment of the non-restraint system was made, believed, and recorded their belief, 1st., That this system was introduced and adopted at Hanwell by Dr Conolly, and it could not therefore have been partially carried out by his predecessor, since the carrying out of a system must be subsequent to its introduction. And 2nd, They believed, and recorded their belief, that this system was *carried out to its full extent* by Dr. Conolly. It could not therefore have been *partially* carried out by him, to be completed by Mr. Sergeant Adams. *Palmarum qui meruit ferat.*

### *Chaplains in the Irish District Asylum for the Insane. Belfast Asylum.*

The long litigated question in connexion with the appointment of chaplains to the district asylums for the insane in the Sister Country has been at last brought to a close, by the Irish Court of Queen's Bench pronouncing judgment, unanimously, against the legality of such officials being attached to those institutions. The question, our readers are aware, was raised by the governors of the Belfast District Asylum, who persevered, unflinchingly, in the course they had been compelled to pursue, notwithstanding that the whole strength of the Irish Government was brought to bear against their manly, and what the sequel has proved most just, opposition to the enforcement by authority of stipendiary officers, considered by them not only unnecessary, but calculated to be prejudicial to the good working of the establishment. The case of the public asylums in Ireland for the insane, in respect of ministerial services, is so very different as compared with similar establishments both in England and Scotland, that no parallel can be drawn between them. Only one chaplain is requisite either in England or Scotland, whereas in Ireland three must be appointed. Each one of the antagonistic creeds of Episcopalianism, Presbyterianism, and Roman Catholicism, must be represented so that three distinct services of three separate religious bodies must be performed each Sunday instead of one, which amongst such an excitable community could scarcely be expected to produce the same satisfactory effects as if but one were to suffice. Under such circumstances the plan adopted in the Belfast Asylum of visits from the parochial clergy, in

individual cases as required, or deemed expedient, would appear much the more judicious course of proceeding, and one which, hitherto, gave full satisfaction. But we hasten to give the judgment we have referred to, of which the annexed is an authentic copy, and all the points in which have been very ably put by the learned chief justice in pronouncing the opinion of the full court. R. S.

The CHIEF-JUSTICE delivered the judgment of the Court:—This case comes before the Court upon a demurrer to a return to a writ of *mandamus* which issued at the suit of the prosecutor, the Rev. John Carroll, directed to the governors and directors of the Belfast District Lunatic Asylum, requiring them to pay over to him a certain sum claimed by him for salary as one of the chaplains to that institution. The governors and directors have, in their return to the writ, stated several grounds on which they insist they are justified in refusing to comply with that order; and the question is—a demurrer being taken to that return—whether they are justified in their refusal upon the matters appearing upon this record, the *mandamus* and the return taken together. As this question involves the construction of the several Acts of Parliament, under which this and similar institutions have been established, it will be necessary to refer to these Acts as they are material to the consideration of the question [the Acts were here enumerated.] I may now advert to what has been done under these Acts, and the first proceeding that is important is, that in the year 1843 the Lord Lieutenant and Privy Council, in pursuance of the authority so given, did make rules and regulations for the good conduct and management of such asylums, and that the same should be observed accordingly; and they proceed to give very specific directions, not only with respect to the conduct of the governors and directors, but with respect to the admission and treatment of the patients, and they enumerate the several persons to be employed under the governors and directors for carrying on the institution. They give directions for the management of the patients, to a certain extent, and, amid these regulations, there is one relevant to the question before the Court. The Board, that is, the governors and directors, shall make regulations for the attendance of clergymen to visit, in that character, any patients of their own persuasion, and frequent visits of the parochial clergy to the institution are particularly desired; and the Board shall make arrangements for the celebration of divine service before such of the inmates as their respective clergymen and the physician shall deem fit to attend the same. There is, therefore, an ordinance made upon that subject in 1843, in reference to the particular duties of the persons enumerated as officers employed to carry on the institution. It would thus appear that a complete system has been adopted from 1843, by the authority alone competent to make rules and regulations—namely, the Lord Lieutenant and the Privy Council; and from the year 1843 to 1853 there does not appear to have been any deviation from these rules and regulations, nor has there been any complaint with respect to their insufficiency or inefficiency. The subsequent proceedings from the year are detailed in the writ of *mandamus*. It states the appointment of chaplains; the order of the Lord Lieutenant and Privy Council on the 9th of November, 1853, for payment of their salaries; that these salaries were not included in the estimate of the 5th of October, 1853, of the amount required for the maintenance of the asylum, sent by the Board, nor in other estimates which I need not specify, and these were ordered to be amended by the insertion of these salaries, to be paid from the date of the appointment of the chaplains; that an application had been made for the payment of these salaries, and a refusal by the governors and directors to accede to the order of the Lord Lieutenant and Privy Council. The return to this *mandamus*, made by the governors and directors explained the grounds which they considered sufficient to justify them in this refusal. The first ground was, that they were advised that they ought not to sanction the appointment of these chaplains; that it was an illegal appointment; and that, being intrusted with the administration of a fund, they were bound to administer the funds according to the provisions of this Act of Parliament; that this Act was binding on them, and that they were not at liberty to apply the funds in a manner which

they were advised was illegal. That raises at once the question as to the legality of these appointments. They then state the fact of their having, by certain rules made by them, under the regulations I have adverted to, made provision for the purpose of having the administration of such religious ordinances performed as appeared to them advisable to provide for ; and, that so long since as 1834, they had made regulations for that purpose, and from that time they had found by experience that such provision met the exigency of the case. They then state the rules furnished to them in 1843, and they set out the rule to which I before alluded respecting this subject, and they state, in their judgment, that the alteration sought to be made in the appointment of the chaplains would not be conducive to the advancement of the institution, that it was not judicious, and would frustrate their own regulations. That the order under which those chaplains claimed admission to the institution at all times would be inconsistent with the authority of the governors and directors, inasmuch as the chaplains claimed, not under the governors and directors, but claimed a right to visit the patients at such times and in such manner as appeared to them would be the proper time and mode of exercising religious rites and ordinances. They then state, that they never consented to this arrangement, that it was contrary to their judgment, and that they received the money and paid it into the bank in their names, but that they had not applied it for this specified purpose. That it had been paid into their names, and that they had drawn out such sum as was sufficient for the purposes of the original estimate, but that they never accepted this money for the purpose of being applied in payment of the salary of the prosecutor, and the other chaplains, and were ready to return it, but they declined to be the handle to administer the money in a manner which would be unadvisable for the maintenance of the institution ; and that they were willing to do any act to have this money returned to the treasury. The question, then, is, whether that is a valid and sufficient ground for their declining to be made the handle for administering this fund. If the object was illegal for which the money was to be applied, unquestionably it is a valid return ; if it were merely questionable, and that, in their judgment, the object was not for the advantage of the asylum, it may be also argued whether that would not be a good return. But with respect to the legality of the appointment itself, the Act of Parliament requires, that whatever is done by the Lord Lieutenant under the Act, shall be done by him and with the advice of the Privy Council ; and the averment on the writ of *mandamus* is, that the appointment of chaplains was made *personally* by the Lord Lieutenant. It was urged that, although these were officers to fill an office not provided for by the Act of Parliament, the Crown had, by virtue of its prerogative, authority to appoint these officers. Now, without going into the question, whether or not the Lord Lieutenant had the power to exercise a prerogative as fully as the Crown might have done—a question which we could not enter upon without having the commission before us under which the Lord Lieutenant derives his authority, and which might furnish argument for grave consideration—without touching upon that, it is enough for us to assume, *pro hac vice*, he had authority to do all that the Crown by its prerogative might do. Though the Crown may appoint generally to an office, it cannot appoint to an office which is to charge the subject with fees. The Crown cannot create an office ; and the only fund out of which this salary was to come was a rate to be levied, in the first instance, on the consolidated fund, which is chargeable on the subject, and then a rate leviable by the Grand Jury, therefore, if even we rested there, in itself would be a valid objection. But a serious question remains, whether an office can be created by virtue of the prerogative which the Legislature have not defined—should be created or provided for ; that what might be imagined the Legislature omitted should be provided for out of the prerogative? The inference is, that what the Legislature have not provided for, they did not intend to provide for, and there is a distinct declaration of the intention of the Legislature on the subject, for, in the 8th and 9th Victoria, c. 107, an Act for establishing a central criminal lunatic asylum, showing that so little did the Legislature imagine that they had not provided for these officers, that they have,



in the 9th section of that Act, authorised the Lord Lieutenant to nominate and appoint the officers and servants of such central asylum, and by and with the advice of the Privy Council, to make, frame, and establish any rules and regulations which may be necessary for the conduct and management of such asylum, a distinct authority is given to the Lord Lieutenant by the Legislature, personally to appoint; and, with respect to the general rules and regulations, these are only to be made by and with the advice of the Privy Council; but in the two Acts in the question before the Court—1 and 2 Geo. 4, and 6 Geo. 4—the personal right in the Lord Lieutenant to appoint officers was altogether omitted. Therefore we have, at the outset, an objection to this appointment. Further, the Act 1 and 2 Geo. 4, authorises rules and regulations to be made by the Lord Lieutenant and Privy Council, and the rules and regulations which were made in 1843, as authorised by the Act, were binding on every one, and the governors and directors were to be guided by them; and when the chaplains were appointed there was another provision respecting chaplains in existence and unrevoked, and with which these new appointments must of necessity conflict; therefore, upon this ground alone, the governors and directors would not be bound to be the handle for administering this fund, which they had been advised, and properly advised, was an illegal application of the fund. They say they never have accepted the fund to be applied for this purpose. If they had accepted it they might be estopped from objecting to the application of it, but from the very commencement they refused to be the handle for the administration of this fund. They declined to amend the estimates returned to them, so that this refusal is no afterthought, to enable them to make a return. Even if it were a question of doubt, when the money is in no predicament, whether we should, by this peremptory order, oblige the governors and directors to apply this fund, would be a grave consideration; but we are of opinion there is no question of doubt. We, therefore must overrule this demurrer, and refuse this peremptory *mandamus*. Our delay in giving judgment arose not from any doubt of what our decision should be, but, from that becoming respect that was due to the authority under which these proceedings were instituted, we thought it right to give the case the fullest consideration. Judgment must, therefore, be for the defendants, and costs follow the judgment.

### *St. Luke's Hospital for Lunatics.*

In the article upon St. Luke's Hospital in our January number, we made some remarks upon the offices of steward and matron of establishments for the insane, which were intended solely to apply to the offices as part of a general system of management, and not in any degree to have a personal allusion to the persons by whom they may be filled. We however regret exceedingly to learn that an apprehension is felt, that our remarks may be understood by those who are unacquainted with the truth, as conveying imputations upon Mr. and Mrs. Walker. We are happy to avail ourselves of the earliest opportunity of making the most unqualified disclaimer of any intention to convey the slightest insinuation against their characters, or the mode in which they discharge their duties. We have not the pleasure of knowing Mr. and Mrs. Walker, and had no ground whatever to justify any personal allusion to either of them, and we certainly never intended to make any. We particularly regret to learn that pain has been caused by the passage commencing, "But when emergencies and difficulties occur, the absence of the matron may be depended upon." If this passage could be supposed to have the least reference to Mrs. Walker, we should cheerfully apologize to that lady for the use of expressions liable to be so misunderstood, at the same time assuring her, that nothing was further from our intention than to allude in them personally to herself. We make this unqualified disclaimer the more readily, as Mr. and Mrs. Walker have held their present appointments

for many years, and possessing the confidence of the Governors they doubtlessly discharge their duties zealously and conscientiously; and we should much regret that any remarks of ours, published with a totally different object, should be misconstrued to their prejudice.

Our readers who understand the sense of English prose, will doubtless feel surprised that any one could possibly misunderstand the *general* bearing of our remarks upon the offices of steward and matron. Those who have persuaded Mrs. Walker to apply them to herself, have been the real cause of her annoyance; but we are not the less anxious to remove it, for an editor who has however unintentionally, given annoyance to a *lady* ought not to shilly shally about the terms of peace, even should she insist upon the existence of mountains where there is nothing but a dead flat, as in the proposed peace boundary of Bessarabia. It is his duty, as *homme galant*, to obey instructions, as Hudibras hath it:

“And whatsoever she commands, Becomes a favor from her hands,

“Which he’s obliged to obey, and must, Whether it be unjust or just.

If we regret the pain which we have inadvertently given to the sensitive feelings of Mrs. Walker, we have on the other hand, a source of sincere gratification in the assurance that our late article on St. Luke’s has not been fruitless of practical benefit to the cause of the insane. Nothing is more discouraging to a writer attempting to influence the opinions of bodies of men, such as the governors of public institutions, than to find them insensible to argument and remonstrance, to feel himself like an African hunter discharging his puny shafts against the impenetrable sides of some huge pachyderm. From the resistance of inertia which the governors of St. Luke’s have hitherto offered to the comments of the press, we were prepared for this species of helpless disappointment. But it has not been so. Either in consequence of the force of our arguments, or of the maturity of time and the receptivity of their own minds, the governors of St. Luke’s were strongly moved by the article referred to. A special meeting was called for the purpose of taking it into consideration. At this meeting, attended by an unusually large number of governors, the secretary, Mr. Mence, was desired to read the article throughout, a task which he accomplished in a clear and distinct voice, and with an excellent emphasis. We are not prepared to comment upon the discussions which ensued, nor upon the neglect of a vote of thanks to ourselves. Such a vote would have been, we will not say, a well deserved, but a well appreciated compliment. We possess, however, the more solid gratification of knowing that in the main our opinions have been adopted by the governors, not in futile resolutions, but in substantial reforms. Not only are we assured that the wards of St. Luke’s have rapidly commenced to assume a condition in which they may vie with the most ambitious and advanced institutions for the insane, but the governors have actually submitted to the Secretary of State a new code of rules and regulations, under which we have reason to believe that the principal anomalies of management pointed out by us will be entirely removed. We entertain the highest esteem for St. Luke’s, not only as one of the noblest charities of the metropolis, but also as the hospital to which, above all others, we must point for a refutation of the pernicious spiritualist theories of insanity, since an extraordinary amount of success in the cure of insanity has been there obtained by unaided medical treatment. If its defects have been great, the governors at last appear to be desirous that they should be effectually remedied. We heartily wish them God speed in the praiseworthy cause of reform upon which they have now entered.

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### Mr. Greenwood.

Mr. Greenwood was in February last discharged from Mr. Pinder’s Asylum, in consequence of the informality of the medical certificates, and returned

home to Hare Hall, where he resided, till the beginning of July, when it was found necessary to remove him in consequence of his repeated acts of violence towards the different members of his family. He went with an attendant to the neighbourhood of Conway, when the disease of his mind was manifested by the same symptoms which characterized it when he was an inmate of Mr. Pinder's asylum; there was great impairment of memory; he did not know where he was, he fancied that he was in Yorkshire. He thought that his brother was in the habit of getting into the house at night, and of putting poison into his food. He accused his attendant of conspiring with his brother to kill him, in order to get his money; and he thought that he had put poison into his food and clothes.

In September the mind became more feeble, and the trembling of the hands, and legs increased. He still laboured under the delusion that his brother Robert wished to poison him, and he also thought that he got into his bedroom at night, and beat him with a stick; his brother being at the time in Yorkshire, Mr. Greenwood being in Wales. In November, the inattention to the calls of nature, which was occasionally present when he was in London, increased, and he became very dirty in his habits, and more incoherent in his conversation. In December, he had an attack of paralysis accompanied with contraction of the left knee.

In February of the present year, he was extremely weak and emaciated, and his health began gradually to decline. He was unable to masticate solid food, and became more and more exhausted. March 6, he died.

Our readers will remember the legal importance of Mr. Greenwood's case, upon which Mr. Justice Coleridge gave his celebrated decision, that the omission of the number of the house in which the medical examination took place, invalidated the medical certificates.

### *The Guardians of the Poor of Exeter, and the Treatment of the Insane Poor by Mesmerism.*

The Corporation of the Poor of Exeter contains several gentlemen who entertain a strong belief in the wonders of mesmerism, and who have for some time past endeavoured to place the insane poor over whom they possess legal authority, under the treatment of Mr. Parker, an eminent local professor of these mysteries. The medical officers of the corporation submitted to the latter a report, in which they unanimously deprecated the proposal to treat the insane poor by means of these mysterious influences. We regret that want of space prevents our republication of this report. The objection of one of the officers, Mr. Cumming, was founded upon, "his being bound by oath not to practice *quackery*, and he thinks mesmerism may come under that denomination."

In defiance of the remonstrances of their medical officers, the guardians of the poor resolved to place their recent cases of insanity under the mesmeric treatment of Mr. Parker, but they wisely resolved to preserve a strict silence on the matter to the Poor Law Commissioners.

The Poor Law Commissioners however having through some indirect channel ascertained what was going on, have placed their veto upon these mesmeric experiments. We subjoin their sensible letter with much pleasure.

[COPY.]

POOR LAW BOARD,

Whitehall, 14th January, 1856.

SIR,

I am directed by the Poor Law Board to state, that they have had under their consideration the correspondence which has taken place between the governors and guardians of the poor of the city of Exeter, and the Board, with reference to the proposal to treat lunatic paupers by mesmerism; and that



it appears to the Board very inexpedient for the governors and guardians to employ other than their regularly appointed and qualified medical officers to attend or treat their pauper patients.

The Board have, also, thought it their duty to communicate with the Commissioners in Lunacy on the subject of the proposal in question; and have received from them a letter, in which they state as follows. "It appears to the Commissioners extremely hazardous for the guardians to sanction any novel experiment in the treatment of lunatic patients, contrary to the advice of their medical officers; and the Commissioners consider that in case any injury or fatal consequence to the patient should arise from such treatment, a most serious responsibility would be incurred by the guardians."

The Board direct me to state, that they concur in the views of the Commissioners in lunacy as above expressed, and they trust that under these circumstances no further steps may be taken by the governors and guardians in regard to the proposal to treat lunatic paupers by mesmerism.

I am, &c.,

(Signed,) G. C. L. BERKELEY, Secretary.

Robert Hake, Esq.,

Clerk to the Guardians of the City of Exeter.

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### *Criminal Jurisprudence of Insanity.*

The details of the trials of Corrigan and Westron for murder are doubtless so fresh in the memory of our readers, that it is unnecessary to occupy space with them. The verdict of the jury in Westron's was, "Guilty, but recommended to mercy on account of his strong predisposition to insanity." This verdict appears to us to be strictly in accordance with the evidence, and we do not doubt that it will be repeated in many similar cases in which there is a strong disposition to mental disease, although the actual existence of insanity is incapable of proof.

The trial has excited much discussion, and it has acquired additional interest, from a leading article which has appeared upon it in that great newspaper, which at once expresses and leads public opinion in a degree which renders any erroneous judgment which its writers may form of serious moment to the public weal.

The Times, February 7, thinks the conclusion of the trial "a mockery of the solemnities of justice." The writer of the article referred to comments in the first place upon the case of Corrigan, which took place the day before that of Westron, and who received sentence of death for the murder of his wife in a fit of drunken frenzy. It is important to bear in mind that there was in Corrigan's case no tittle of evidence that he had ever suffered from any mental disease or unsoundness; and that the act was not one of "delirium tremens," but that it was merely the outrage of a brutal drunkard. He was what Lord Coke calls, a "voluntarius dæmon;" and since the law of England refuses to recognise in drunkenness an excuse for crime, he was justly and legally amenable to punishment for the murder he had committed. To compare his case with that of an unfortunate man impelled to crime by disease of the brain, is to compare things which are placed in different categories, not only by the law of the land, but by natural and essential differences. He who of his own free will and accord "puts an enemy into his mouth to steal away his brains," is in a position with reference to any reasonable act he may then commit, entirely different to that of a man suffering from disease of brain, which he has like Westron inherited from his parents, or which has been imposed upon him against his free will and accord by accident or circumstance.

The verdict of the jury in Westron's case, is highly displeasing to the Times writer, because "it presents an easy loophole of escape to the scruples of jurymen," and renders "the office of the judge purely ministerial." We find our opinion at variance with that of the Times on both of these points. A jury which finds a prisoner guilty of wilful murder can scarcely be said to find a loophole of escape, by accompanying that verdict with a recommendation to mercy, on grounds so just and reasonable that the presiding judges at once assume the office of mercy, without leaving it to take its usual course through the prerogative of the crown.

The verdict of wilful murder possessed all the force and weight of law, the rider of recommended mercy possessed no weight or authority whatever, except that derived from its reasonableness. Criminals recommended to mercy by juries have not always received mercy, and it was perfectly competent to the presiding judges to disregard the recommendation. This verdict therefore leaves much more to the peculiar function of the judge—namely, discriminating judgment, than the ordinary verdict of guilty or not guilty on the ground of insanity.

In the latter case, the office of the judge is indeed purely magisterial, if by that term we are to understand a merely executive function strictly defined, and with no discriminating power. The Times is, moreover, mistaken in the assumption that the verdict of "Guilty, but recommended to mercy on the ground of predisposition to insanity," is interchangeable with "Not guilty on the ground of insanity." This error arises from misinformation respecting the power of the judge. Under neither verdict is the judge competent as the Times writer supposes, "to hand over the prisoner to the lunatic asylum." When the jury has actually acquitted the prisoner on the ground of insanity, the judge has no power to send him to a lunatic asylum. He can only order the prisoner to be detained during the Queen's pleasure. Under this order, the prisoner is detained in goal until the *Secretary of State* orders his removal to a lunatic asylum. And the Secretary of State does not give this order in consequence of the verdict. After the verdict he requires certificates of the prisoner's insanity, signed by two medical men, and backed by the petition of two visiting justices of the gaol, before he will issue an order for the prisoner's removal to an asylum. Of this security against the evasion of justice, on the plea of insanity, the public are generally ignorant. The knowledge of its existence would tend to abate the apprehension, that by means of the plea of insanity, criminals are enabled altogether to escape punishment. We have even known a man acquitted on a charge of aggravated assault on the ground of insanity, detained for several years in solitary confinement, after he had been sent back from an asylum to a prison as cured. If Westron is not insane at the present time, or does not become insane in gaol, he cannot be "handed over to a lunatic asylum." Unless the Secretary of State receives assurance of his insanity from the visiting justices of the gaol, and from two medical men acting under their direction, the sentence of death recorded will take its course, that is, he will receive the existing equivalent, (whatever that may be,) for transportation for life.

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# THE ASYLUM JOURNAL

OF

## MENTAL SCIENCE.

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*Copies "of the Treasury Minute, dated the 10th day of August, 1855, appointing a Commission for the purpose of Inquiring into the erection of District Lunatic Asylums in Ireland :"*

*"Of the Report of the said Commissioners, dated the 14th day of December, 1855 :"*

*"And of a further Treasury Minute, dated the 18th day of December, 1855, founded on the said Report."*

The Treasury Minute, dated the 1st of August, recounts that a sum of £313,978 has been spent by the board of public works in Ireland, in the erection of new district lunatic asylums, of which £155,380 has been expended under the erroneous impression that the general orders of the Lord Lieutenant in Council was sufficient authority. Deputations, from counties in Ireland chargeable with the repayment of sums, have represented that the outlay has been extravagant, and the work very imperfectly done. The commissioners of public works, on the other hand, have stated the expenditure to have been unusually moderate. They report that the average cost per patient of the new asylums has been £74 less than the average of the old asylums in Ireland; the former having been £148 per patient, and the latter £222. The average cost of fifteen of the asylums erected in England, since the passing of the Act 8 and 9 Vic. c. 126, has been £201 per patient. In order to enable the board to determine upon these conflicting statements, and to guide them in insisting upon or remitting the payments, the Lords of the Treasury appointed a commission, consisting of Mr. Donaldson, an architect of

London, and Mr. James Wilkes, medical officer of the county asylum, Stafford, as commissioners, and Mr. Spencer Shelley as secretary, "who will proceed to Ireland for the purpose of inquiring into the matter, and will report to this board their opinion upon the claims to relief adverted to."

Such is the substance of the treasury minute ; in obedience to which, Messrs. Donaldson and Wilkes have made their report. We expected this report to have been a mere discussion of brick and mortar questions. It undoubtedly is so to a great extent, but in it opinions are incidentally given upon various subjects of great interest to medical superintendents, and which are well worthy of the most earnest attention, on account of the great ability, experience, and judgment of the medical commissioner to whom they are due. The commissioners expressed themselves highly satisfied with, "the ample and convenient sites which have generally been purchased on healthy elevated positions, and commanding views of the most beautiful scenery." "A pleasing, and not expensive style of architecture has been adopted," "and the accommodation has generally been complete."

They however state, "our mission has not for its object to eulogise the success of these operations, but rather to record any departure from the prudent expenditure which should regulate this class of buildings, and any want of due caution in their erection and completion." The following extract from Mr. Clarendon's report to the board of works merits quotation, since it admirably expresses the broad principle which should guide the erection of asylums.

"In submitting the following remarks, I have proceeded on the principle that lunatic asylums are, hospitals for the recovery of curable patients, and houses for the reception of incurable lunatics, and not prisons for the safe custody of dangerous madmen ; and with this view I would propose the abolition, as far as it is practicable, of any arrangement which may present the gaol-like character of many of the existing asylums, but at the same time to preserve sufficient strength in construction, as, in conjunction with efficiency on the part of the attendants, will render the buildings perfectly secure and well adapted for the purposes intended."

The commissioners report that the instructions founded upon this principle have, for the most part, been carefully carried out. They find fault, however, with the position of the airing yards, which in no instance have been placed in front ; and in consequence of the shadow of the main building intercepting the sun's rays from them, and their northern aspect, they are cold and exposed.

"The whole of the ground surrounding the asylums having been purchased



for the immediate use and benefit of the patients, it would seem that nothing can be more fitting than the appropriation of the principal front to the recreation or airing-courts, where the patients would enjoy greater warmth, generally more cheerful views, with a feeling of greater freedom than the present position of the yards permits."

We much doubt whether the main front of an asylum does generally afford the best possible position for the pleasure grounds of the patients. Such an arrangement certainly possesses inconveniences; at the Derby asylum for instance, which is undoubtedly one of the most perfect institutions in this country, this position of the airing courts is felt to be a serious inconvenience. No one can approach or leave the asylum without the knowledge of the patients, and it is not easy to prevent an amount of intercourse between the patients and visitors of all kinds, which must necessarily be attended by serious inconvenience. We are convinced, therefore, that the best position for airing grounds, or pleasure grounds, as we would rather make them and call them, is either at the sides, or at the back of the main building. If the main front of the building has a southernly aspect, the best position for the pleasure grounds is a lateral one. But the best arrangement is to give the main front of the building a northernly aspect, to make the outlook of the wards to the rear over pleasure grounds, placed also in the rear, and on the sunny side of the building. This arrangement has been carried out at Colney Hatch, and is, in our opinion, one of the best features of that vast asylum. We are aware of no English asylum, except the one already mentioned, in which the principal front is appropriated to airing courts.

The instructions issued by the board of works at Dublin, for the guidance of architects, points to the Gothic style of architecture as "best suited to the general quality of building materials in this country, and admitting also of additions being easily made to the asylums hereafter, the main walls being of uncoursed double masonry, with cut-stone quoins and dressings." The commissioners report that the general building material here referred to is limestone; and they express a sound opinion as to the proper character of asylum architecture, in the following paragraph:—

"We consider the style suggested to admit of effective, though simple, treatment; and it was generally admitted in our conferences with the governors, that the public institutions of the country should not reflect too much its poverty, its crime, or its misfortune, and that the lunatic asylums, at the same time that they receive a sober architectural treatment, should not be mere repetitions of the character of an union workhouse or prison, and thus give an unhappy aspect to a locality."

At Cork and Sligo, indeed, they found an excess of embellishment; and at Mullingar and Killarney, they recommend that some allowance should be made "for unnecessarily ornamental parts, and uncalled-for cut stone and dressings." In six of the new asylums, they find that the driving rains have penetrated the walls, and that at Cork and Killarney, the walls were "reeking with wet, and producing rot in the timbers inserted in them." This serious injury to the walls affects the stability of the buildings, and their fitness for occupation, particularly by persons in an infirm state of health. Some further observations are made upon the nature of uncoursed double masonry, shewing that the very effort to make the work perfectly neat and close has resulted in destroying its staunch and weather-tight properties, the stones having been brought close together, there was not sufficient mortar left to stop the joints; hence narrow interstices occur which admit the water freely.

The board of works instructions require, that "the whole of the corridors, day-rooms, and sleeping-rooms be lined with bricks, but not plastered." The commissioners report that this inside lining has frequently been of such porous bricks, as to be totally inefficient; and, moreover, that no bricks, however sound, will prevent wet, which has penetrated the mass of the construction, from going right through the walls. On the important and disputed subjects of warming and ventilation, the opinions of the commissioners are stated as follows:—

"With regard to heating, fire-places are not sufficient for insane patients, many of whom have a very torpid circulation; and very frequently the fire-places are placed in the outer walls of the corridors, whereby a great degree of heat is lost, and the warmth would be much increased if the fire-places and their flues were inserted in the inner walls. In one only of the asylums visited by us was an artificial system of heating by pipes adopted, namely, at London derry, and which had been only partially successful. We think that the sanitary condition of the patients would be considerably improved if there could be some general system of distributing warmth throughout all the rooms and corridors occupied by the patients. This was intended to have been done at Cork, but ultimately abandoned."

"With respect to ventilation, it is generally effected by flues carried up the walls into the roof; but in some instances, as at Cork, Killarney, &c. they are discharged into a horizontal shaft in the roof, which delivers the vitiated air into vertical shafts, specially prepared in connexion with the flue of the boiler for the hot water intended for the baths, &c. on the uppermost floor. But we found that this boiler, on which the system depends, is rarely in operation more than once a week, sometimes less frequently; and that from some cause or other it does not act with full effect to produce the contemplated draft in the foul-air shaft. Openings are sometimes made from the day rooms, dormitories, and single rooms into the corridors, but they have not always acted well, and generally the apertures are too small. At Killarney and Kilkenny the action was satisfactory; in others we could not discover any. Hence the single rooms

and dormitories become intolerable, at night, producing profuse perspiration in the patients, a sense of suffocation, and concentration of that impure air peculiar to the exhalations from insane persons, which must be very prejudicial to their health, and was generally complained of by the medical superintendents, matrons, and attendants as intolerable. We found at Cork, that the gratings for the escape of the foul air judiciously placed near the floor, were quite choked by flock for want of habitual care in the attendants, and the operation of the flues rendered nugatory."

The instructions direct that "the number of single rooms need not exceed one-third of the whole number of patients." By no means so large a proportion of single rooms has actually been provided. The number of beds in the dormitories varies from three to eight, with about 50 superficial feet for each bed; to avoid subsequent overcrowding, the commissioners recommend that the proper number of beds should be painted over each dormitory, a recommendation no doubt suggested by the notices affixed by law in the interior of omnibuses. It is, however, to be feared, that in the absence of penal enactments, such notices would have little practical effect in resisting the pressure either of passengers or patients.

We cannot altogether agree with the commissioners that "fire-places are not sufficient for insane patients;" and we apprehend that they would find difficulty in obtaining endorsement of this opinion from the English commissioners in lunacy. In the southern parts of this island, it is certain that fire-places have been found sufficient for the health and comfort of the insane; and in some excellent asylums, where fire-places and an artificial system of heating have been conjointly provided, it has, by experience, been found best to discontinue the use of the latter, and to employ open fires alone. In Dr. Huxley's excellent paper on this subject, the claims of artificial ventilation are admirably argued; and we certainly think that he establishes his point to the extent, that a scientific and efficient system of warming and ventilation is, in many respects, preferable in asylums, to the ordinary method in domestic use in this country. This proposition, however, is widely different to one which would seek to establish the utter inefficiency of fire-places for the health and comfort of the insane. It is a remarkable fact, that artificial systems of warming and ventilation have not been introduced into general hospitals, which are certainly places, above all others, in need of a genial and well-regulated temperature, and an abundant supply of unvitiated air. The commissioners have failed to remark an important point of difference between English and Irish asylums in the matter



of warming : in England, coal or coke is universally employed as fuel ; in Ireland, peat is almost universally substituted. Now, although open fire-places may be sufficient when they are supplied with good coal or coke, they may prove quite the contrary when supplied only with the smouldering product of the peat bog. The scientific applications of boilers and pipes are, doubtless, much more necessary to abstract a sufficient amount of heat from this imperfect fuel, and to diffuse it equally throughout the wards of an asylum.

The board of works instructions recommend, as "an economical arrangement found in some of the English asylums, to make a portion of the corridor serve as a day-room, by adding a projection well-lighted." The commissioners report that,

"The suggestion, founded on English precedent, has been carried out at Sligo, but it has not been successful, as the day room becomes full of draughts and, therefore, comfortless ; and the interruptions, caused by a thoroughfare, disturb the patients. Separate day rooms are, consequently, preferable, and have been provided in every other instance."

We have been assured, by the medical superintendents of English asylums where this arrangement has been adopted, that it has been found comfortless and objectionable. The instructions direct openings for inspection purposes between attendants' rooms and dormitories ; and the commissioners recommend that where such openings have not been made, they should at once be inserted ; and they enlarge upon the idea, by recommending "glazed doors of communication, which would add much to the efficiency of the attendant's control over the patients. There are no rules without exceptions ; and, doubtless, there are cases where it is desirable to add to the security afforded by a night watch, by the above means ; but as a rule, we are convinced that inspection openings, from the rooms of attendants, are decidedly objectionable. The duties of a sleeping attendant can be of no value ; the duties of a waking attendant lie in the midst of his patients, and not of the other side of an "inspection opening." We once found all the attendants' rooms in an asylum confided to our charge, arranged as observatories, with inspection openings on each side. As we did not admire this "bo-peep" method of management, we at once had them all bricked up, and we have never regretted having thus removed from the attendants one excuse for loitering in their rooms.

The commissioners found "ample evidence of the insufficiency of the water-closet in general use," and they recommend that they should at once be replaced by others,

"Consisting of an enamelled iron pan and trap of at least six inches in diameter, with a separate cistern for flushing, which should be effected by the action of the seat. The seat also, instead of being of deal, should be of oak, placed at a moderate height from the ground, and the slope which is frequently given to them should be done away with. In all the closets on the men's side we think that urinals should be put up, which will probably tend to correct the objectionable habits of the patients."

They found the privies in some of the court-yards

"In a most dilapidated and filthy state, and from their construction (the soil being collected in wooden receptacles on wheels, which are periodically removed and cleansed out), not at all calculated to induce habits of propriety and cleanliness in the patients."

Those of our readers who remember that these "receptacles on wheels" were vaunted from one of our own English asylums as a great economical and agricultural invention, will be amused at this complete condemnation of them. After all, this invention is but the converse of the old-fashioned privy which used to be found at Irish hotels, namely, an old post-chaise, which was gradually wheeled onwards out of the way of residuary accumulations.

In the Irish asylums, there are no sculleries attached to the wards, and it is usual to take the plates, spoons, mugs, &c., to a general scullery attached to the kitchen, thereby causing trouble and confusion in the kitchen department, and taking the nurses and attendants out of the galleries more frequently than is desirable. The commissioners recommend that the ward sculleries, and also store-rooms, and clothes-presses should at once be provided.

The board of works recommended large windows, and the sashes to be of metal. The commissioners found, from the way in which these cast-iron windows were made to open, several escapes had taken place through them. In some asylums, the windows open by means of movable sashes hung upon wire cord; this wire cord was complained of as constantly breaking and getting out of order. The commissioners recommend that glass should be taken from part of the iron frame, and a glazed wooden sash corresponding thereto should be hung on the inside by means of hinges, and fastened by a small spring catch and key. There was a general deficiency of shutters, which they recommend to be supplied by shutters made of solid inch-and-quarter deal, fitting into an inch-and-half oak frame.

The commissioners report, "that all the requirements which relate to the domestic economy of the asylums are admirably provided in the new buildings, which are ample, spacious, and airy." The commissioners report, that the apartments of the officers have not been properly finished,

their comfort being "of primary importance, when their unremitting labours and anxious cares are considered; their residences, therefore should be forthwith completed, and the proper conveniences and fitments provided." The commissioners condemn the general character of the court-yards emphatically.

"We have not generally found the airing yards sufficiently spacious or judiciously placed. Too little reference seems often to have been had to obtaining for the patients a cheerful look-out, which is easily attainable in all the asylums: and sunk fences being generally omitted, the yards are enclosed by high walls and domestic buildings. These obstructions keep out the view, and give the appearance of felons' yards, instead of airing courts for patients of infirm health and diseased mind, to whom cheerfulness, sunniness, and space, are essential even for the worst class."

On the litigated question of religious services, the opinion of disinterested English commissioners deserves to be accepted as evidence of great value..

"Sufficient chapel accommodation is generally provided for both Protestants and Roman Catholics. In most instances the two communions have worked harmoniously together, but at Belfast and at Richmond, inconvenience is stated to have been experienced by the use of one place of worship for various classes of worshippers."

Music and recreation halls which might serve also as school rooms have been provided, and the general evidence of the medical officers is favourable as to their utility in amusing the patients, and relieving the monotony of their seclusion. The commissioners have moreover suggested, that those large rooms should be used as dining halls.

The credit of first using recreation halls for this purpose is due to Mr. Tyerman, of the Colney Hatch asylum. We are assured that it works admirably in that vast institution, and that 600 patients daily dine together in one room amicably and comfortably. The commissioners also think, that these large rooms may be more frequently employed as school rooms.

Two different plans of ventilation are mentioned as existing in one or other of these asylums, namely, perpendicular flues, terminating in the roof, or in horizontal drains carried into large extraction shafts, and at Cork the system so successfully adopted in many of the prisons and large institutions in England, from one reason or other, both of these systems were quite inoperative, either the fires in the roof were not lighted regularly, or the top of the ventilating shafts was too much covered in with l'ouverts, or the gratings were blocked up with flue, something or other always does appear to prevent the satisfactory working of these ventilating systems. The commissioners, however, think that artificial ventilation is a matter of primary importance in



lunatic asylums, and they recommend various alterations and improvements, in the ardent expectation that it may ultimately prove successful. We fear that poor Pat is too insouciant to look after the flue in his walls, and the flue on the floors with sufficient diligence to make this scientific winnowing thoroughly successful; the one will be too wide or too narrow, the other will constantly choke up his gratings. The superintendence of it must be confided to some orderly and well disciplined human mechanism; but whether the priest or the police are preferable we cannot decide.

*Water Supply.*—This is usually supplied from wells which in several instances have failed. In all the asylums, except the one at Cork, the water is raised by a two or three lift pump, worked by four or six patients, by means of a double crank and fly-wheel. This work is performed in small enclosed sheds, which are oppressively hot in summer.

“The employment of insane patients at laborious work of this description was universally denounced by the officers of the asylums we visited, both on medical and other grounds, and, in some instances, obvious ill consequences were stated to have arisen from it. In this opinion we entirely concur, and consider both the description and the amount of labour thus imposed upon the patients, to be highly objectionable, and not calculated to improve either their mental or physical condition.”

The commissioners recommend the substitution of steam or horse power for the present crank; and they suggest that even a capstan of large diameter, by which the labor could be distributed over a large number of patients, and enclosed in a well lighted and a well ventilated shed, would be a great improvement upon the present system. Hot water by baths is provided once a week by means of boilers placed in the upper floor of the building. For baths required on emergencies, water has to be procured from the kitchen or laundry. For the ablution of patients who are dirty in their habits, cold water is necessarily used. The commissioners strongly recommend that a constant fire should be kept up under a boiler or boilers employed to generate steam for pumping or cooking, and that steam from these boilers should be made available to insure a supply of hot water at all hours.

*Sewage Drains.*—The sewage from the new asylums is conveyed into tanks, from which the contents are periodically pumped for distribution upon the land. In several instances the pumps are out of order, the sewage overflowed, ran to waste, and was complained of. The main sewers are of sufficient size, and well constructed, but the smaller drains are apt to get choked. The commissioners recommend the

use of strong glazed socket pipes as more efficacious than brick drains.

The furniture of the district asylums "is scanty, and of the commonest description," "and considerable additions are required for the comfort and convenience of the patients." The bedsteads are unsuitable and dangerous, "bad in design, and roughly and imperfectly made."

The commissioners conclude their report by recommending that no remission should be made for the asylums at Belfast, Londonderry, Ballinasloe, Limerick, and Clonmel. That no remission be made at Omagh, Kilkenny, or Richmond, but that various defects be made good without charge to rate-payers; that at Sligo, £3,000 be remitted, and various defects made good; that at Killarney, £1,455 be remitted, and various defects made good; that at Cork, £6,013 be remitted, and various defects made good; that at Mullingar, £1,715 be remitted, and other works done without charge.

The commissioners append "separate reports" upon each of the asylums visited. As these reports are mainly occupied by details of imperfect construction, the principles of which are commented upon in the body of the report, they will scarcely interest our readers sufficiently to justify the occupation of space to mention them.

From a Treasury Minute, dated December 1855, we learn that, "My Lords are disposed to concur in the view of the matter taken by the commissioners of inquiry." They accordingly order the above-mentioned sums to be abated from the gross sums to be recovered by grand jury presentments; and they further order plans and estimates of the works proposed, to be prepared by each local board of governors, and when sanctioned, the same shall be carried out by the local board of governors, and these additional works to be done without charge to the counties.

"By this arrangement my Lords trust that every grievance will be removed, and that as the buildings will then be in good substantial repair and working order, the governors will, for their own sakes, and for the credit of humanity, take care that no subsequent deterioration of the establishments shall be permitted.

"Transmit a copy of this minute to Mr. Donaldson and Mr. Wilkes for their information; and at the same time convey to them the thanks of my Lords for the admirable manner in which they have carried out the inquiry, and for the able and interesting report which they have made."

Such are the principal features of this interesting docu-

ment. It contains the opinions of very experienced men upon numerous questions of asylum construction and management, of great importance and frequent occurrence. We have been informed by Irish superintendents, that the results of the commission have by no means satisfied expectation, and that a larger amount of remission was thought to be justly due. The commission has been rather looked upon as a buffer interposed between the state engine and the train of rate-payers. The remission of £12,183, out of a total of £313,973, does not appear a large boon to a whole country.

One fact evident throughout the report cannot fail to appear remarkable to the officers of English asylums, namely, the utter helplessness which results from government management. Overflowing tanks, choked drains, imperfect pumps, cracked plaster, and a number of other little matters which the superintendent of an English asylum would, as a matter of course, put to rights on his own responsibility, are in Ireland allowed to go from bad to worse, because building and repairs are the work of government officials, and no one must interfere. It is obvious that this is entirely the fault of the system, for the Irish physicians who superintend English asylums keep their institutions ship-shape with quite as much diligence as any of their compeers; but in Ireland, everything is done by the board of works, and most things appear to be done by no means well.

Government succeeds in building asylums no better than in building ships; it adopts a pattern of bedstead which is "unsafe, and totally unfit for a lunatic asylum," and it supplies all the asylums with bedsteads of this objectionable character. In England, the superintendent chooses his own bedsteads, and not unfrequently has them made by his own men; hence arises stagnation and discontent in one country, enterprise and improvement in the other. In England, the counties have built their asylums with money borrowed from private individuals. This money has been expended under the direction and control of the magistracy, that is, of the classes representing the wealth and intelligence of each county. The government has in no manner interfered; the consequence has been, that although mistakes have undoubtedly been made, a large number of asylums have been constructed vastly superior to any others in the world. In Ireland, the government has compelled counties to provide asylums with money borrowed from itself, and it has insisted not merely upon superintending the expenditure of this money, which would have been a fair and just precaution,



but upon actually building the asylums on its own plans, and by means of its own officers. The present report affords abundant evidence that this new developement of centralization has produced a series of buildings uniformly imperfect, has stereotyped objectionable designs, has stifled the enterprise of asylum officers in the wet blanket of beaureaucratic interference, and has occasioned general dissatisfaction on the part of the rate-payers. It is very evident that Mr. Wilkes and Mr. Donaldson have not been unobservant of the source of the difficulties they were commissioned to investigate, although they handle the subject with the needful official reserve. With respect to large additional accommodation required at the Clonmel asylum, they report as follows:

"We venture to suggest that, if it could be legally done, the governors be empowered to employ an architect, and to prepare plans to be submitted for the approval of the Government, and to *execute the work*; subject, nevertheless, to the ratification of the contracts by Government, and to the occasional inspection of the Government officers during the progress of erection, to ensure the due fulfilment of the contracts and sound construction.

"The experiment might be made, in order to see if such works could be efficiently carried out by public bodies, and thus remove much of the irksome responsibility attaching to the Government Boards. It might do away with the dissatisfaction on the part of the ratepayers, which at present arises from such operations being carried into effect under the direction of the Board of Works, without the controlling and concurrent action of the local authorities."

My Lords of the Treasury do not appear to have been slow in taking this hint, since they decide that all the new works, and the repairs recommended by the commissioners, shall be *executed by the boards of governors*.

We cannot conclude without expressing our full concurrence with my Lords respecting "the admirable manner in which Mr. Wilkes and Mr. Donaldson have carried out the inquiry, and the able and interesting report which they have made." They have invested a subject, which might have been as dry as bricks and mortar (not out of a district asylum wall), with much scientific interest, and their remarks will prove instructive to asylum officers in all countries.

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*Reports of the Irish, Scotch, and American Asylums, published during the past year.*

ONLY a small number of the excellent public asylums of Ireland publish an annual report. Whether this fact is to be attributed to the state of the law, to the custom of the coun-

try, or to the exigencies of the institutions, we are at a loss to decide.

In England, the law provides for the presentation of an annual report from the Visitors of asylums to the Court of Quarter Sessions, and this Report is accompanied, according to a custom which has become universal, by one from the medical superintendent.

In Scotland, the interests of the various institutions, which depend greatly for support upon the payments of private patients, require that the public should be made aware of their various merits, an exigency which gives rise to valuable and interesting reports; but in Ireland, only four or five asylums publish any report, and some of these contain little more than statistical and financial statements. Although the ample and precise details afforded by the Irish Inspectors of Asylums in great measure remedy this defect, still we must acknowledge that it is a defect, and one which, for the interests of psychiatric science, we must deplore.

The medical superintendents of the Irish asylums constitute a body of gentlemen whose experience in the management of asylums, and in the treatment of the insane, ought in some form or other to be given to the world. We know them to be a body of gentlemen whose scientific and general attainments are of the highest order; but they have hitherto hidden their light under a bushel. Neither in annual reports, nor in any other way have they published to the world the results of their large experience. The want of such communication is an actual loss to the community, and may give countenance, if anything can give countenance to the statement of the only Irish physician who has of late years written on mental disease, that the management of the insane is purposely kept secret. We entirely repudiate Dr. Williams's opinion; and we believe the time is near at hand, when our Irish brethren will add many valuable chapters to the book of psychiatric science. That they have not yet done so, we attribute to the fact that most of their public institutions for the insane are comparatively new, that their management was commenced on the faulty principle of lay superintendents and visiting physicians, and that the present medical superintendents have scarcely yet had time to assume that position before the general and medical public, which the superintendents in this country occupy.

The most northern of the Irish asylums, that situated at *Belfast*, has for many years published a report uniform in most of its characters with English reports. The able and experi-

enced physician, Dr. Stewart, reports that the institution was visited by a severe invasion of Asiatic cholera; the total number of patients attacked was 22, the number of deaths was 17. Excluding this extraordinary cause, the mortality of the year had been below the average. A singular attempt at self-destruction was made, which we record for the sake of the caution it teaches:—While the patients were being shaved, one of them seized a razor, and in a moment of time, inflicted a deep gash in his throat, which completely divided the windpipe. The surgical treatment of the wound proved eminently successful.

A considerable amount of the report is occupied with the proceedings of the governors relative to the appointments of chaplains, the decision of the Court of Queen's Bench on this subject, which we reported in the last number of this Journal, renders unnecessary any notice of these proceedings. We cannot however avoid noticing an extraordinary investigation, "admittedly arising from the appointment of chaplains."

"M. A. M'Sourley (Roman Catholic), an assistant laundress in this Asylum, having, by various acts of insubordination and insolence, given dissatisfaction to the Resident Physician, Dr. Stewart, and to Mrs. Stewart, Matron, received, on the 13th July last, the customary notice to leave at the end of the following month. Seven days afterwards (viz., on the 7th of August) she presented a memorial to this Board, complaining of injustice, on the ground of such notice to quit, and containing various charges of RELIGIOUS PERSECUTION and malversation on the part of Dr. and Mrs. Stewart. The Board, on hearing an explanation from Dr. Stewart, considering the nature of the charges themselves, and convinced that the discipline of the Establishment would be destroyed by lending their countenance to frivolous accusations preferred against the chief officers of the Asylum by insubordinate domestics, deemed it proper to take no further steps upon the complaint of said Mary Anne M'Sourley, but left the case in the hands of Dr. Stewart, to whom they had committed the entire business of engaging and dismissing all the subordinate officers of the Institution."

Miss MacSourley having at length been removed from the asylum by the aid of a constable, the next step taken by her, under the advice of her clerical and professional advisers was, to present a memorial to the Lord Lieutenant of Ireland, a step, our readers will think, from the ridiculous to the sublime. Upon this memorial, their Excellencies the Lords Justices of Ireland instructed the Inspectors of lunatic asylums, Drs. White and Nugent, to bring the case of the persecuted washerwoman "under the notice of the board of governors." Under these circumstances, and at the earnest request of Dr. and Mrs. Stewart, "the board deemed it their imperative duty to institute a full and rigid inquiry." "Six entire days were devoted to the evidence of Mary Ann MacSourley the complainant, and three days to the rebutting statements of Dr. and Mrs. Stewart." The governors state that Mary Ann MacSourley's charges could have been disposed of by a single hour's inquiry;



—poor Mary Anne!—"But the board cannot conceal the fact that this prosecution has been fostered, and the case prejudged by parties exterior to this establishment," whose aim "has been to drive from this asylum, two long-tried officers." After this nine days' trial, conducted with judicial precision, the governors came to the following resolutions:—

"Dr. and Mrs. Stewart have not merely rebutted in the most triumphant manner, every accusation preferred against them, but it has been incidentally evolved in evidence, during the inquiry, that they have uniformly discharged all their laborious duties, even the humblest, with a fidelity so scrupulous, a discretion so admirable, a self-sacrifice so extraordinary, and a generous sympathy with the patients so honourable, as at once to excite our gratified surprise, and to claim the expression of our augmented confidence and warmest approbation." "That, whilst we admit the propriety of the reference of this matter to this Board, by the Lords Justices, as being the first instance of the kind submitted to the Lord Lieutenant, we respectfully express our hope, that the issue of this investigation will shew that the accusations of dismissed servants ought not to be lightly entertained, inasmuch as such procedure would encourage a system of servile *espionage* in the asylum, undermine the just authority of the resident physician and matron, and destroy the salutary discipline of the establishment."

Their Excellencies the Lords Justices of Ireland must have felt their position in the championship of this saponaceous damsel rather compromising to their official dignity. Had the inspectors of Irish asylums protested against "proceedures which would encourage a system of servile espionage in asylums," "undermine just authority," "and destroy salutary discipline," their Excellencies the Lords Justices would doubtless have been spared the above rebuke from the indignant governors. It is possible that in such affairs the inspectors of asylums may be urged by circumstances to a course of conduct repugnant to their own feelings and adverse to the best interests of the insane. These interests undoubtedly demand that the institutions provided for the treatment of the insane, should be placed under the direction of officers of high character, and influenced by the motives of gentlemen. But if the officers of asylums are to be exposed to public investigations, founded upon false and malicious accusations of dismissed servants, no physician having regard to his own reputation or comfort will accept asylum appointments. The latter will, "decline upon a range of lower feelings;" they will be deserted by gentlemen, and gradually be occupied by persons to whom servile espionage and public investigations are of less importance than the wherewithal to obtain meat and drink. If the position of superintendents is degraded, their character will rapidly deteriorate, and the best interests of the insane will suffer lamentably.

Another immediate consequence of transactions like the one above referred to, will be the development of a spirit of antagonism between the government boards of lunacy, and the actual governors and visitors of asylums. Already this spirit exists, and that it exists *in potentia* rather than *in motu*, has in great measure been due to the discretion and conduct of superintendents. Should it become active, governors will experience great difficulties in providing for the care and treatment of the insane. The visitors and governors of asylums comprise large numbers of the most influential and active men in the kingdom. These govern the institutions committed to their charge by law, in a manner which, on the whole, must be pronounced highly efficacious and conscientious. The government boards of lunacy will be equally unable to dispense with their services, or to support their opposition.

The annual report of Dr. Flynn, the medical superintendent of the *Clonmel District Asylum*, is both instructive and amusing; instructive on account of the insight it affords us into the management and mismanagement of public affairs in that country; and amusing from the detail of epistolary skirmishes between Dr. Flynn and the board of governors on the one hand, and the Irish executive and inspectors of asylums on the other.

The Irish asylums are built, maintained, and repaired by the government board of works, and the way in which they do their work is edifying. Soil tanks are described as remaining full and useless for want of pipes; water pipes in the building give way, covering the place with water; large and dangerous chasms are allowed to exist month after month in the roadways, while the superintendent reports to the board of governors, and the board of governors report to the board of works, and everything goes wrong in a ram-shackling, slipshod manner, which would drive an English superintendent out of his ninety senses if he had so many.

"It was a painful and distressing part of my duty; but open cess-pools, broken down walls, heaps of rubbish lying in walking yards, deep pits sunk and remaining for months open—tradesmen and labourers lounging about apparently coming and going at pleasure, works notoriously an object of public ridicule and official remonstrance for their slowness or neglect, while in the midst there lived a crowd of *irresponsible* human being entrusted to my care, professional and otherwise, by day and by night—all formed no slight ground for anxiety and vigilance on my part and remonstrance on the part of your Board."

Dr. Flynn strenuously opposes the proposition which has been made to enlarge the Irish public asylums for the accommodation of the idiotic and demented insane, in whom "*amelioration* only is to be expected, and if obtained, is only to

be preserved by the continuous pressure of patient and laborious intelligence, discipline, and money." Dr. Flynn records the visit, and publishes the flattering testimonial of Miss Dix, the psychological philanthropist, who has lately come from the United States of America, to investigate the states of asylums in this country, and is fulfilling her mission in a spirit of the most active benevolence and curiosity.

The third annual report of the *Kilkenny District Asylum*, by Dr. Lalor, is clearly and well written, and, together with the full tables with which it is accompanied, impresses the reader with the opinion that the institution is under active and efficient management. Much of the report is devoted to an explanation of the expenditure of the establishment, which had "caused some public discussion in the grand juries." Dr. Lalor shews that the small increase in the expenditure has been entirely caused by the increase in the gross cost of provisions. The total cost for each patient was £22. 6s. 4d. for the year, or about 8s. 6d. per week.

We observe that the cost of food for patients amounts to not quite one-third of the expenditure, a fact which is explained by the dietary. This dietary indicates that the patients are never supplied with solid meat. On four days of the week, the dinner consists of bread and milk; on the remaining three days, it consists of bread and soup; the breakfasts and suppers consist of stirabout, or milk. The cost of provisions for patients is only six times as great as that for servants. We observe that the dietary of the Clonmel asylum is very similar to that of the Kilkenny asylum. It is therefore probable that these dietaries are fixed by authority, and that the resident physicians are in no way responsible for their scantiness.

An item in the Kilkenny Asylum we are really glad to observe, namely £23. 3s. for tobacco and snuff. It may be very foolish, and even wrong for poor people to permit themselves to acquire the habit of indulgence in these cheap luxuries; but when the habit of smoking or snuffing has been acquired by a poor man, it does appear to us a step of unnecessary severity when he becomes insane, to check a habit which has become an appetite, and often sticks more close to his nature than his natural desires and wants.

A superintendent who deprives his patients of the enjoyment afforded by these vulgar luxuries, inflicts upon them an amount of suffering of which, if he has no little vices and self-indulgences of his own, he can form no idea. Let him, however, try upon himself a temporary abstinence from tea, coffee, condiments, sauces, and such like luxuries, not more unneces-



sary, and not less harmless than that which he calls the noisome weed, and he will be able to arrive at some faint idea of the privation which he inflicts upon others. If this is not sufficient, let him endeavour to measure the degree of privation by the expressions of men who have been compelled to bear it, and who have been able to describe it; let him remember that the much-enduring dweller in dungeons, Baron Trenck, has recorded the fact, that of all the sufferings which tyranny was able to heap upon him, the deprivation of snuff was the greatest. We have been led to make these observations in consequence of the counter-blast on tobacco, which a psychological reviewer of authority and experience, has made on several occasions in the pages of *The Dublin Medical Quarterly*. We sincerely hope that his theoretical antipathy to the weed will not be able to deprive poor mad Pat of his darling dudeen, the moderate enjoyment of which will certainly do his mazed brain no harm, while it will as certainly contribute to his satisfaction and comfort.

The report of the *Carlow District Asylum*, drawn up by the resident physician, Dr. Esmond White, must have been considered by the governors highly satisfactory. The mortality was low, namely, 14 in 181; four of these deaths occurred from pulmonary consumption. Dr. White thinks that "scrofula in its various forms, is the most prevailing disease amongst the insane, and its connexion with insanity, as a remote or exciting cause, can never be overlooked by the physician." We are aware that this opinion is maintained by many psychological physicians of eminence; we have not, however, been able to satisfy ourselves of its truth. We have, on the contrary, found by an examination of the mortality statistics of the sane and the insane, that the proportion of deaths from pulmonary consumption occurring in persons of middle age, is greater in the community at large than in lunatic asylums. And, moreover, we find that among the insane of this country, strumous affections of the glands of the neck, of the joints, and of the mesentary, are by no means of frequent occurrence; and it is certain that tubercular deposits in the brain or its meninges, are very rarely met with in the bodies of insane persons. The true link which connects insanity with tuberculosis is, that both diseases have their most frequent cause in common, namely, in defective sustentation; but that tuberculosis tends to cause insanity, or to be caused by it, we do not believe, nor do we even think that the two diseases occur concurrently in the same patient more frequently than several other diseases which in no way depend upon each other.

Dr. White makes some judicious observations upon another disease which has been the chronic scourge of many asylums, namely, dysentery. He thinks that "the chief cause of its frequent occurrence, was the long-continued use of the same articles of food." In consequence of this opinion, he substituted cocoa for milk for the supper of his patients, an alteration which has afforded much satisfaction to the patients, and which has had the most beneficial sanatory effect. Only one fatal case of dysentery has occurred in the hospital during the past year, and this occurred before the change was made in the dietary. In other respects, the dietary resembles those existing at Clonmel and Kilkenny. While we entirely concur in Dr. White's opinion as to the importance of a varied diet, we think that in many instances, this formidable disorder has prevailed in lunatic asylums, in consequence of deficient warmth, ventilation, and cleanliness. The laws of this disorder in asylums are, in fact, not dissimilar to those which it follows in camps, in which the main causes of its prevalence have long been known to be dampness and dirt, foul air, deficient or disagreeable food, and a depressed state of the nervous system and of the mental emotions.

Was the following extraordinary incident occasioned by some atmospheric influence, excess or defect of ozone, for instance; or by some local source of mischief, as a defective drain; or, finally, as Dr. White seems to think, by a small dose of cholera poison? It is at least curious and interesting, and in our own experience we have seen occurrences similar in character, though much less in degree.

"While referring to the incidental diseases that have appeared amongst the patients, we cannot pass over a remarkable occurrence that took place in the month of October, of the past year. When the physicians were paying the morning visit, on the 9th of the month, the inmates of the hospital were in their ordinary health; in the course of the same evening, and following morning, 62 patients, and nurses, were very ill, labouring under acute fever, accompanied by severe gastric derangement, and abdominal pain, with, or without, bilious diarrhoea. The attack set in with shivering, and was accompanied by great prostration; these symptoms continued from 24 to 48 hours, and terminated in profuse perspiration, leaving the patient free from bodily illness, but much debilitated. Our attention was, at first, directed to the dietary, fearing that some deleterious substance might have got into the food. After the most careful examination, we found every article of consumption good, and free from any admixture, or adulteration. The visiting physician also met with a few similar cases in the surrounding district. We felt still greater anxiety, during the continuance of the attack, in consequence of the abdominal symptoms, in some of the cases, being very severe, and Asiatic Cholera existing, more or less, at the same time, in Dublin, Belfast, and London. The institution, up to the present time, has been, by no means, subject to epidemics, nor can we do more than speculate, as to the cause of this very singular affection. All those attacked regained their usual health and strength within a short period."

We are glad to observe Dr. White's opinion that his patients

have derived the greatest advantage from the judicious administration of medicine. On this point he bears the "strongest testimony in favour of the beneficial results to be derived from the employment of those remedies which medical science has more especially placed at our disposal." With regard, however, to epilepsy, he regrets to say that the several new medicines lately proposed for the relief of this disease, have totally failed to remove or alleviate its symptoms. Dr. White asks for a bath-room and an infirmary on each side of the house, and he concludes his excellent report with grateful acknowledgments to the governors and inspectors of asylums.

Leaving the Green Isle for the Land of mountain and lake, the first institution that comes to our hands in alphabetical order, is that of the *Royal Lunatic Asylum of Aberdeen*, the resident physician of which, Dr. Jamieson, is well and favourably known to those conversant with psychological literature, as the author of an excellent series of lectures on insanity, delivered in the Medical School of Aberdeen, and published in *The Lancet*. Dr. Jamieson's present report is very brief and devoid of medical interest, which may be explained by his pre-occupation with the extensive enlargement and alteration of the building—works which "necessitate the employment of workmen both within and without, and not at one, but at several points, interfering much with the order and security of the establishment, and occasioning great increase of difficulty and anxiety to all connected with the guidance of its operations. The advantages which will immediately result will be more than adequate to the discomfiture undergone." Two deaths are attributed to cholera.

The report of the *Crichton Royal Institution for Lunatics*, drawn up by the eminent and accomplished physician, Dr. Brown, greatly exceeds the usual length of these documents, and is indeed a closely-printed treatise of forty-two pages. Although Dr. Brown expresses his opinion that in an asylum "there is not time to scrutinize nor analyse the phenomena as they pass, the prominent duty is to relieve rather than to observe," his practise is prominently at variance therewith, since he is one of the closest observers, and most diligent recorders of all the phenomena of mental disease. In the report before us, he comments at length on the mental state of the patients admitted, arranging his observations under different metaphysical headings: errors of sensation, perception, memory, attention, will, conscientiousness, imagination, identity, propensity, sentiment, &c. As an example of the minute observation and analysis to which Dr. Brown subjects



the metaphysical phenomena of insanity, we may mention that he distinguishes twenty-one varieties "of the affections of language that have recently come under observation."

It will be impossible, in the limited space which we are able to devote to the notice of each report, to do adequate justice to the various and instructive contents of Dr. Brown's pages. We feel ourselves greatly indebted to him for the very valuable information they contain; and if we select from them for the purpose of comment, those points on which we feel there is some reason for difference of opinion, it is in the hope that they may be further elucidated by his able investigations.

The first doctrine enunciated by Dr. Brown, which we consider of doubtful accuracy, is that the most trivial causes involve insanity, and that the resources of treatment are inexhaustible. Holding ourselves open to correction, we must beg to express our own opinion, that insanity is not lightly induced, and that the means really available for its relief may be comprehended in a much more compact armamentarium than that described by Dr. Brown, who includes therein, not only every external circumstance, but every quality in the unsound mind itself. With regard to the etiology of insanity in particular, we are convinced that causes the most potent are required, and that even such causes constantly fail to produce the effect, *unless* there is a proclivity to the disease dependant upon the nervous organization of the individual. If trivial causes were sufficient to produce insanity, all the world would be insane. Dr. Brown gives his assent to "the opinion, that mental disease is becoming more prevalent," an opinion "confirmed by all those who have to deal with the crimes, the misfortunes, and the diseases of mankind, by the observation of all who watch the progress of individuals or nations." In this opinion we feel ourselves compelled to concur, so far as it relates to the population of this island; but we greatly question its truth in the wide and universal application given to it by Dr. Brown. We attribute the spread of insanity, in particular nations, such as the English and Americans, to the influences of those social and personal habits which mark that process which is somewhat vaguely, and incorrectly called, civilization. There is no doubt that the peculiar phases of life rapidly developing in these nations, tends to the rapid increase of mental disease. But all the world is not taking the same path. In the European peninsulas, the tendency of mind is to still greater repose and stagnation; and in the East, whose millions greatly outnumber the European and American populations, the habits

of thought and feeling are so permanently stereotyped, that they afford us no ground for presuming upon the existence of increased proclivity to mental disease. Even in Ireland, where political and social events have tended to a change from morbid excitement, discontent, and social misery, to one of comparative repose and prosperity, it appears from the statistical tables of the inspectors of asylums, that insanity is by no means on the increase.

A novel and important event in the Crichton Asylum is commented upon as follows:—

“The Commissioners in Lunacy have visited the asylum, and in the terms of the resolution of the 1st May, ‘every information and facility were afforded in their investigations.’ It is believed that this inquiry is directed chiefly to the condition of the lunatic poor, and especially to that portion of them which is consigned, at low rates of board, to Private Asylums, where, whatever may be the care and accommodation afforded, a principal object is gain. It is impossible, and we have no right, to anticipate the results of this investigation, or whether any legislation will follow; but it is admissible to express the opinion that the best mode of opposing and counteracting this evil, if it be an evil, is to accommodate the pauper insane in Public Asylums, and to *undersell private speculators*; and to hope that no future modification of the law may interfere with the inspection of the local legal officers, which has been fraught with so much benefit to asylums, and may fairly be designated philanthropical and paternal.”

We are compelled to dissent from Dr. Brown’s opinion as to the best mode of rescuing the insane poor of Scotland from those speculators who make a commodity of their misfortunes. We do not believe that public asylums can undersell private speculators. We have two reasons for this belief: in the first place, private speculators will generally manage their affairs with a stricter economy than the governing bodies of public asylums; and in the next place, when it comes to a matter of underselling, the screw of parsimony can be pressed tighter in the obscurity of a private asylum, than it will be possible to do in a public one. We therefore believe that any attempt to undersell private speculators will signally fail. We sincerely trust that it will never be made, for we cannot contemplate without dread, the distress and privation to which the insane poor must necessarily be subjected, in a general race, extending over the length and breadth of a country, as to how and by whom these unfortunates can be maintained at the lowest possible cost. We do not doubt that if such a race is entered upon, private speculators will be found who will distance their public competitors in grinding the faces of the poor, and underselling them in the custody of the insane. The “private speculators,” referred to by Dr. Brown, must not be understood to include the respectable and conscientious proprietors of private asylums, gentlemen who would doubtless decline to

accept the charge of pauper lunatics, except upon terms sufficient to provide proper care and treatment.

We are assured that the object of the recent Lunacy Commission in Scotland, was by no means confined to an investigation of the state of the lunatic poor in private asylums, and that it was equally directed to their care and treatment in public institutions. These institutions have long possessed a high and well-deserved reputation for the skilful and enterprising treatment of the wealthier classes; but it has long been thought that too large a share of the attention of the officers and governors has been devoted to patients of this class, and that the state of the pauper patients has been such as to form a striking and painful contrast, not only to that of the wealthier patients in the same institutions, but to that of insane paupers in this country. There is a passage in this very report of Dr. Brown's, which strongly indicates how different are the opinions which Scotch superintendents entertain respecting the requirements of a pauper asylum, to those which universally prevail in England. In speaking of the hardships attendant upon the association of educated but impoverished patients with paupers, he feelingly dilates upon the punishment and misfortune which is inflicted upon them, by their being made to partake of "*the hard and severe simplicity which necessarily and properly, and the ignorance and vulgarity, if not the wild turmoil and debasement which naturally characterize the wards of a pauper asylum.*" (p. 8.) These terms, which are applied by the author to public asylums for paupers in Scotland, are certainly inapplicable to institutions of this class as they exist in this country. Moreover, whatever the quality of the accommodation may be, the extent of it is wholly insufficient. This fact also is apparent from the report before us, for although only 100 patients were admitted during the year, application was made for the admission of 215 cases, and advice was given to 105 others "whose maladies scarcely justified the deprivation of liberty." In the pauper department of the asylum, "there is not a vacancy, and in order to receive the claimants from the three southern counties, individuals belonging to distant and unprivileged counties must be removed."

In the face of these facts, we think that "the legitimate boast of Scotland," "that the charity of her affluent inhabitants supplies spontaneously what is exacted by law from the whole population of other countries," has been made without sufficient foundation. We do not believe that the Scotch, as a nation, are more charitable than the English or the Irish; and we, moreover, entertain the strongest conviction, that the



maintenance of the insane poor of a nation cannot safely and properly be entrusted to the voluntary benevolence of the affluent. That such benevolence does exist to any extent is, in the highest degree, creditable to the individuals from whom it flows; but the cost of efficiently maintaining the insane poor of a community, is too great to be thrown with any degree of justice upon the benevolent few. And if such maintenance is insufficient, the existence of benevolent funds may even prove mischievous, serving as an excuse against the imposition of a rate whose pressure would be scarcely felt by the community at large. We maintain, that the destitute and insane members of society have a right to be cared for, and supported at the expense of the community to which they belong, and that the substitution of an insufficient benevolence for this social right is in the highest degree unjust. We therefore heartily desire to see provisions made by the State for the insane poor of Scotland, similar to those which exist in all other parts of the kingdom.

A physician, with such powers of observation and analysis as the author of the report before us, was not likely to attribute the causation of insanity to any of those spiritual influences which still occupy the attention of our theoretical psychologists, we therefore find him enunciating, as an axiom, the universal existence "of physical disorder wherever alienation is manifested." The characters of such physical disorder are thus skilfully classified as they were manifested in the patients admitted during the year.

"When thus examined, and when such cases as depend upon congenital deformity, amounting to five, have been deducted, the morbid conditions of which insanity may be regarded as the sign, and of the origin of which any information has been obtained, may be arranged in the following groups:—I. Profuse discharges, leading to a diminished quantity or impaired quality of the blood, were connected with eight cases. II. Disease of the spleen, or of other organs, preventing the formation of healthy blood, existed in eight cases. III. Voluntary abstinence, vegetarianism, preventing the introduction of the elements, necessary for the formation of healthy blood, influenced five cases. IV. The substitution of stimulants for food, the necessary elements for the formation of healthy blood being withdrawn, while a poison was conveyed to the nervous structure, was associated with aberration in seven patients. V. In six, bile, urea, and other poisons, had been introduced into the circulation. VI. The puerperal condition existed in three. VII. Rheumatic affections, entailing heart disease, chorea, panphobia, were traced in three. VIII. Strumous tendencies were obvious in seven cases. IX. Uterine affections in six. X. Blows on the head, insolation, producing effects upon the brain, its investments or circulation preceded alienation in four cases. XI. Changes in the nervous structure indicated by paralysis, epilepsy, ushered in the disease in four cases. XII. Actual diseases of the intestinal membrane interfering with digestion or nutrition affected the functions of the brain in five cases."

The description of the mental states of the patients admitted, is too long for quotation, it will however amply repay perusal.

The latter portion of this valuable report is occupied by a consideration of the practical duties and requirements of the institution. The comments upon the duties of attendants, and upon the employment of patients in watching, nursing, and managing other patients, are particularly valuable and instructive. With regard to attendants, Dr. Brown says—

“It has been conceived that the minds of those long and constantly associated with the insane suffer in equanimity and self-command. They live in an atmosphere impregnated with delusion and exaggeration, and the standard of moral health is lowered. Like those who become habituated with physical suffering, their sympathies for mental decay are dulled and deadened. Accustomed to have falsehood and fable presented with all the plausibility of truth, assailed by specious sophistries, cunningly devised hypotheses, eloquent incoherence, and every perversion which the morbid imagination can suggest, they have failed to distinguish between truth and error. It is certain and inevitable that such intercourse does deteriorate weak and ill-regulated minds.”

In order to prevent such deterioration, Dr. Brown has given a course of lectures to the attendants and the staff, the grand objects of which were to impress the understanding, and to rouse the affections by demonstrating the morbid nature of insane perversity and passion, to give some instruction in the nature and varieties of insanity, and to demonstrate the influence for good or for evil, which all persons who come in contact with the insane exercise upon their mind, and the probabilities of cure. Other lectures were given to patients, in which the physiology of the external senses was explained, in the hopes that such knowledge might be instrumental in preventing the belief in, and combating the influence of, illusions and hallucinations.

The literary provisions of the asylum in books and periodicals is duly commented upon.

“Where formerly a book could not have been placed, and might have been destroyed, the tables are covered with standard works, recent publications, even collections of engravings. There is no gallery, not even for the refractory, unprovided with books; and it is a matter of boast that during the past year *not one has been destroyed*, and that the amount of injury done is insignificant. They have become familiar as furniture, necessary as luxuries, cherished as rewards. Whenever they arrest the attention, they become substitutes for restraint. The best librarians are patients.”

With this quotation, we must conclude our lengthened notice of this very excellent and instructive report.

*James Murray's Royal Asylum for Lunatics, near Perth.*—From the directors' report we ascertain, that the rate of payment for pauper patients was raised to 9s. per week, and in consequence of a reduction in the price of provisions was reduced again to 8s. We believe that the latter sum is about 2s. below the average of English asylums at the present time.

The report of the superintendent, Dr. Lindsay, is particularly interesting, inasmuch as it illustrates the culminating point of a tendency which prevails throughout the Scotch Asylums, to devote a large share of time and attention to the amusement of the patients. Dr. Lindsay's report is accompanied by several play-bills, drawn up and printed in regular theatrical form, and composed in a spirit of quiet and pleasant banter which cannot fail to provoke a smile, either from the sane or the insane. We were amused with the motto chosen by Dr. Lindsay, for his programme of amusements.

"In studying the character of a people, our enquiry should always be, What are their *amusements*? We here get hold of great features, which often unriddle the rest."—*Robertson*.

Now, would Dr. Lindsay seriously have us believe that the amusements to which the Scotch are particularly given, are theatre-going, costume balls, and character concerts? Or is it only meant that their particular amusements are of this nature, when they are secluded from society on account of mental infirmities? The *rationale* of recreation is thus stated—

"The introduction of Recreations among the insane can no longer be regarded as an experiment; their success has been fully established by the experience of the best asylums in this country, on the continent, and in America. They are not to be looked upon as mere transient gratifications, or as frivolous, and tending to dissipate, degrade, or pervert the mental energies or moral feelings of the insane. Our own experience of their curative value has been most encouraging. We have frequently observed the first symptoms of improvement in the form of a smile, a laugh, a critique, or a mark of applause, at a ball or a concert; we have seen the most fatuous, apathetic, and indolent patient—the melancholic and suicidal, as well as the proud monomaniac—delighted with some lively or familiar music, or dancing with the greatest vivacity at the weekly balls. *One gentleman, it is understood, was sent to this asylum, in preference to others, in consequence of his friends being gratified by the programme of amusements;* and another, a suicidal melancholic, dates the beginning of his recovery from having been presented at a concert in the asylum at which he was much pleased by the performance of some fellow-patients. The whole amusements have been the result of the unassisted labour of the patients and officers working harmoniously together towards a common end; no extramural aid has been asked for or given."

The practice of recreation is described at too great length for quotation. We may, however, mention weekly balls, some of which are in costume, a regular theatre in which the parts are sustained by patients, lectures, classes for the elements of music, dancing, and calisthenics, re-unions, out-door games, and a militia corps, pic-nics, fêtes champêtres, &c. Reading, for recreation and instruction is not neglected; the patients being well provided with books and periodicals. "Not a few of the patients have been hard students as well as busy



readers; and, while some have merely endeavoured to dissipate ennui by the novels of Scott, Bulwer, or James, others have laboured to master such works as Brewster and Whewell "On the Plurality of Worlds," Quintilian's "Institutes of Eloquence," or Abercrombie "On the Intellectual Powers." It must be acknowledged that the whole programme of asylum life, as sketched in this and in other Scotch reports, is exceedingly attractive, and almost enough to make a man desire to lose his senses, that he may be qualified to enjoy it. We are not surprised that insane gentlemen find their way to that asylum which publishes the most attractive "programme of amusements;" but we must acknowledge, that the above detail of these strenuous efforts to gild and illuminate the page of wealthy insanity, contrasts with Dr. Brown's acknowledgment that the horn-book of the pauper asylum must be characterised by "hard and severe simplicity," by "ignorance and vulgarity," "wild turmoil and debasement."

We are very far from wishing to allege that in Murray's asylum, or in any other, the recreation of the patients has been pushed so far as to interfere with that repose of the faculties which is one undoubted source of curative influence in the treatment of the insane. We believe that the round of amusements is less exciting in reality than it appears upon paper. The motley crowd of melancholic, demented, and deluded inmates of an asylum do not afford ready materials for any excess of dissipation. Madame de Maintenon bitterly lamented the irksome task of having to amuse, "un viel homme qui n'est pas amusable." The mass of patients in an asylum is by no means easily "amusable," and to this inertia of unsound mind, we may attribute the difficulty of exceeding the limits of prudence in the recreations of the insane. We do not doubt however, that it is possible to overstep these limits, and that in the effort to obviate ennui, it is not impossible to occasion an injurious degree of excitement and unrest.

Eleven cases of cholera occurred in this asylum, of which seven were fatal. Dr. Lindsay thinks it "important to guard against the dangerous and somewhat prevalent popular error in regard to cholera, namely, that its presence necessarily indicates a deficiency of proper sanatory regulations." He believes that this is disproved by the history of cholera outbreaks in hospitals for the insane, since it has attacked the highest class and best fed patients, in the cleanest and best ventilated apartments, and notwithstanding the most complete sanatory arrangements.

The report of the *Royal Edinburgh Asylum*, by Dr. Skae, is

a remarkably able document. It contains an interesting variety of professional and of business matters, and resembles in this, and in other respects, the best class of English reports. We learn from it and from Dr. Mackintosh's report, that the Scotch superintendents labour under some serious difficulties, which are not experienced by their brethren on this side of the border. One of the greatest of these appears to be, the power possessed by inspectors of the poor to remove patients before they have been cured. Eighty-two patients have been so removed from the Edinburgh asylum, and Dr. Skae justly states, that although in one respect this has been a boon to the public and to the asylum, inasmuch as it has provided an increased amount of accommodation for recent cases,

"Yet, it must be confessed, that the change from the asylum to the workhouse has not been a boon to many of the unfortunate subjects of this transference. However comfortable the wards of a workhouse may be made, they cannot for a moment be compared with those of a well-regulated asylum. In the former, the bare necessities of an economical existence are provided, and nothing more. In the latter, to the comforts and necessities of life, are superadded some of the enjoyments which a beneficent Providence lavishes upon the world at large, and which an enlightened philanthropy extends to the unfortunate victims of mental derangement, not only as a means of cure, but a source of happiness and alleviation from an irremediable disease, which, worse than leprosy, separates its victims from the busy and happy world, from the companionship of friends, and the blessings of home."

Dr. Skae thinks that *if* lunatic wards are to be sanctioned as lawful adjuncts to workhouses, their inmates ought to be limited to hopeless and fatuous imbeciles; but as long as intelligence and the capability of enjoyment remain, the victims of a disease which entails so much suffering, ought not to be cut off from the healthful and cheerful influences, which are provided in asylums, but which are systematically ignored in workhouses. We are delighted to find so able and experienced a physician as Dr. Skae advocating the views of extending the provision for the insane poor, in the manner which, for some years, we have urged as the most economical and expedient, namely, by the erection of auxiliary buildings, in the proximity of existing asylums. Dr. Skae also refers to the experiment we have tried with success, of boarding selected patients with cottagers, and he suggests whether it may not be

"Well worthy of the careful consideration of the managers, how far some of the houses composing the village of Tipperlin might be converted into abodes for a certain class of the patients, both with advantage to them, as affording them a home far superior to the wards of a workhouse, and, in some respects, superior to the wards of an asylum itself, and, at the same time, with advantage to the community, by diminishing the average cost of the maintenance of the inmates."

A singular fact is noticed: that not less than seven of the

cases admitted came to the asylum spontaneously; some of them had been inmates. On the other hand, patients are often brought to the asylum on false pretences, which commonly exercise a very baneful influence on the after treatment by generating distrust and aversion. Dr. Skae also comments upon "the shocking practice of bringing patients to the asylum in irons," a practice occasioned by the vulgar prejudice still existing among persons upon whom devolves the duty of transmitting patients to the asylum, that the insane must be dangerous; and he reminds them, "that in 99 cases out of 100, the excitement and agitation of the insane arises from terror and not from anger, and that in cases of real violence, one sane person with ordinary tact and presence of mind, is more than a match for *any* insane person, without having recourse to manacles or restraint."

We cannot go quite so far as Dr. Skae in estimating the relative force of the sane and the insane; but we perfectly agree with him in the principle of his remarks.

Dr. Skae states the following without comment:

"Two cases were ascribed to religious anxiety or excitement. It is not a little remarkable that both of them, and a third case, which occurred about the same period, were all ascribed to the impressive pulpit eloquence of the same clergyman."

The Rev. Chaplain observes upon these results of the "striking discourses of an accomplished and very popular clergyman," that

"Considering the good effects produced by preaching on the minds of men in general, and its soothing influences in the case of the insane, there is no reason to conclude, that evil generally results from the faithful exposition of the Scriptures of Truth."

From this we infer, that in the Rev. Mr. Sommer's opinion, the "striking discourses" of this "very popular clergyman" were *not* faithful expositions of the Scriptures of truth; an opinion in which, judging from results alone, we fully coincide. The brimstone eloquence of those pulpit demagogues, who will haul you to heaven by the hair of your head, and give you a kick behind when you get there, may intimidate men into a cowardly and selfish abstinence from vice, but it will never lead them to embrace virtue and make them own the doctrines of Him who brought "peace upon earth, good will towards men;" it may fill the ranks of angry zealots, and recruit the wards of lunatic asylums, but it will never aid in fulfilling the mission of the all-perfect Teacher in whose name it is preached, or to speak more correctly, declaimed.



Professor Simpson has somewhere stated that the probability of puerperal mania was greatly lessened by the use of chloroform during labour. Dr. Skae verifies this important observation :

"Of the six cases of puerperal mania, none had taken chloroform during labour. Of all the females who had been brought to the asylum with puerperal mania, since the introduction of the use of chloroform, forty-four in number (now fifty), *only one* had taken this anæsthetic agent during labour. This fact surely leads to the inference, that the use of chloroform does not conduce to the development of puerperal mania ; otherwise in Edinburgh, where it is so freely and extensively used, many cases of puerperal mania would have been brought to the asylum in which this agent had been given. Indeed, from the absence of such cases in the statistics of this asylum, and the fact that only one case in fifty of puerperal mania had received chloroform during labour, it may rather be inferred that chloroform diminishes instead of increases the tendency to this disease after parturition."

A singular death is mentioned occurring seven hours after the admission of a patient from his having swallowed a large quantity of tobacco on his way to the asylum.

On the subject of treatment Dr. Skae remarks :

"I continue to derive very decided and striking effects occasionally from the use of the prolonged warm bath in acute cases. Three cases of mania recovered within a week under this treatment ; and one of them, in writing to her friends at the time, ascribed her cure to this cause. It not unfrequently happens, that patients in a state of raving madness, when in the warm bath, with cold applied to the head, recover their tranquillity and reason, and will give coherently an account of their illness, and the causes which led to it, even when, as generally happens, the mental perturbation returns after removal from the bath. A lady whom I attended, and who was insane for about twelve months, remembered nothing of the events of that period, but the single circumstance of her being in a bath, of which, and of all the persons surrounding her at the time, she had a distinct and accurate recollection. Next to the prolonged bath, the judicious employment of sedatives, and the appropriate treatment of local diseases where these exist, are the most effective therapeutic agents in the treatment of insanity."

Dr. Skae concludes his report with remarks upon the employment of amusements and occupation, the enlargement of the library, the formation of museums, etc. We are glad however, to observe that in his report these subsidiary matters are allowed to occupy their proper place.

The chaplain's report is written in a kindly spirit, but it is not very intelligible ; if the rev. gentleman's ministrations resemble it, his patients will derive more comfort from his kindness, than instruction from his teaching. It is a great pity that asylum chaplains should be called upon to write reports. They themselves feel this duty to be as irksome as it is unnecessary.

Dr. Skae concludes his report with some interesting pathological notices. In particular he details two cases, in which thick false membranes were found in the arachnoid sac, beneath the dura mater, and enveloping the cerebral hemispheres, and he asks how and when this membrane was formed. We

have detailed a similar case in No. XXIX. of *The British and Foreign Medical Review*, page 218, and we have there expressed our opinion, that these extensive false membranes arise from effusion of blood, which has taken place after atrophy of the brain. The blood thus effused from rupture of some vessel in the pia-mater, slowly displaces the subarachnoid serum, which serves as packing to the atrophied brain. In this manner, an amount of blood which would undoubtedly cause fatal pressure upon a healthy brain, is able to be effused with symptoms comparatively mild and chronic, and the patient lives for many months, during which the effused blood is converted into a thick false membrane. The two cases recorded by Dr. Skae, completely agree with our theory, since in both of them seizures occurred long after the first cerebral symptoms, and at a period when the loss of mental power indicated the existence of cerebral atrophy.

In the report of the *Glasgow Royal Lunatic Asylum*, the Directors state—

“A great many, in fact nearly all those marked “Dismissed relieved,” were removed by the Parochial Boards of the parishes to which they belonged, for the purposes of being kept in wards or rooms set apart for lunatics in poor-houses, or to private asylums in the vicinity of Edinburgh, or elsewhere, it being alleged that they are *kept in these at a cheaper rate* than is charged by this institution.”

It will appear from this, how little feasible is Dr. Brown's proposed plan of underselling the private asylum keepers in the maintenance of the insane poor.

The following account of Miss Dix and of her proceedings in Scotland, will be read with interest.

“And now the Directors will notice the visits, during the year, of a distinguished American lady, Miss Dix, whose philanthropic labours on the other side of the Atlantic, have produced a profound sensation in the minds of her countrymen. So much is this the case, that when she travels in the states, no railway or steam-boat company will take any fare from her. She is looked up to as the Mrs. FRY of the New world. By her own exertion she has so stimulated many leading men in her own country, that no fewer than three or four asylums for lunatics have been erected there as the direct consequence of her untiring energy. In making a tour in Europe, she came to England, and thence to Scotland; visiting, *con amore*, the different asylums in her way, both public and private. Her introductions to persons in Britain were of the highest order. When she came to Gartnavel, she was instantly made perfectly welcome to see all over the Glasgow asylum, as a matter of course. But into some of the private asylums kept for pauper lunatics, near Edinburgh, she was not permitted to enter. She then appealed to those in authority, and finally in person to the members of the Government in London. *The result was* that, shortly afterwards, Her Majesty was graciously pleased to appoint Messrs. Campbell and Gaskell, long and now in the English lunacy commission, and Mr. Sheriff Monteith, with Dr. Coxie of Edinburgh, as her commissioners, to examine into the state of the lunatic asylums in Scotland, public and private, and also to inquire into the state of the law of lunacy. These gentlemen accordingly

visited this institution, and afterwards summoned the physician superintendent to Edinburgh, to give evidence before them, which he did, on a variety of topics connected with the treatment of the insane and the law of lunacy. At their request also, the secretary of the asylum furnished them with certain information in answer to their printed queries and returns. It is understood that they are to report the result of their observation and experience to the Home Secretary without delay.

We doubt whether any English lady would have had sufficient influence upon the English government to induce it to appoint a royal commission. Perhaps Her Majesty's advisers feared that any reluctance to adopt Miss Dix's suggestions, might complicate the Nicaragua affair and the Crampton quarrel. We have been told that the Yankees offered to contract with us for the taking of Sebastopol. Would it not be cheaper and on the whole better, to invite them to contract with us for the government of this country and all its institutions, seeing that they do these things so much better than ourselves. However, Miss Dix is a worthy woman and has done much good in the world. We English certainly do entertain a general aversion to ladies whose mission extends itself beyond the home circle, and who have a propensity to set people to rights; we are apt to ascribe it to restlessness, impatience of control, and other unwomanly motives: but we accept success as the best of testimonials. If Miss Nightingale had failed, she would have been laughed at; she has succeeded and we canonise her in the calendar of our holiest affections. Miss Dix has obtained enough success to convince us that she has not entered upon her arduous cause under mistaken impressions of her own ability; enough also, to elevate her far above the small fry of female philanthropists or philanthro-pests as we are tempted to call those whose mental vision is so much occupied with the Borioboola Ghas, that with their bodily eyes they cannot see the buttonless shirts and undarned stockings of husbands and daughters. Miss Dix is not a mere weaver of philanthropic phrases, she is a true worker, and if she has invaded our asylums with some touch of American audacity, her footsteps will be traceable by good deeds and by the sincere regard of good men.

But Miss Dix and the Commissioners in lunacy are not the only visitors who have investigated the state of the Scotch asylums during the past year. Dr. John Webster has made a raid upon them in the character of an amateur commissioner. His advent created quite a sensation among the Scotch superintendents, and notice thereof was passed through the country in the spirit, if not in the words of Burns---



Hear Land o' Cakes, and brither Scots,  
 Frae Maidenkirke to Johnny Groat's ;  
 If there's a hole in a' your coats,  
     I rede you tent it.  
 A chiel's amang you taking notes,  
     And faith he'll prent it.

But there was not the slightest cause for alarm. Dr. Webster's interest in asylums is quite of the amateur kind, and he is not at all prone to find fault. He has been on the Committee of Bethlem for many a long year. Had he any talent for finding fault he might have exercised it there. His praise is so tranquil, and his blame plays in such gentle zephyrs, that you must wet your hand and hold it up in the atmosphere, before you can rightly tell from which airt the wind blows. Any superintendent must be supersensitive indeed, to object to the comments of this kind-hearted peripatetic virtuoso of asylums.

Dr. Mackintosh's report contains the following on the causes of insanity.

"From observations extending over several years, it does not appear that the season of the year exercises any well marked influence in producing insanity ; our experience here is therefore rather against the common belief, that it occurs more frequently in summer than in winter. Indeed the ratio of admissions during equal periods of time at different seasons of the year, affords no good or reliable criterion, for patients are rarely brought hither as soon as they become ill.

"The observation of Dr. Huberts of Copenhagen, that insanity is more prevalent in the northern than in the southern divisions of Denmark, also may be noticed as rather adverse to the generally received opinion. Opposed also to the common opinion is another curious circumstance, noticed by various writers, that in those countries where idiocy and cretinism prevail, these diseases are found occurring more frequently on the northern than on the southern slopes of the mountains."

On this point our own opinion is, that in the south of England, the hot months share a greater number of acute cases of insanity than the cold ones, but that the reverse is likely to be the case in the latitude of Glasgow and still more so in Denmark. The influence of climate in the production of mental diseases varies with the latitude. In countries where the cold of winter is extreme and the heat of summer is moderate, the colder portion of the year is likely to assist in the development of insanity. In other countries where these conditions of temperature are reversed, the broiling sun of summer is more likely to aid other causes in the development of mental disease than the moderate cold of winter. This, however, is only one portion of a position in cerebral pathology which we have long maintained, namely, that *the prevalent causes of bodily illness are also the prevalent causes of*

*insanity.* The following remark of Dr. Mackintosh is perfectly in accordance with this principle.

"Although ill health is not often assigned by relatives and friends as a cause of derangement, it cannot be doubted that it frequently acts, if not as an exciting at all events as a powerful predisposing cause. Cases in which the attack of insanity is sudden in its outset, are rare in comparison with those in which it is gradual and insidious, and in which it is associated with, if not indeed actually dependent upon, disorder, more or less extensive, of the general health."

The recollection of the heart-breaking difficulties we once experienced in the treatment of an oblique fracture of the femur in an epileptic patient, makes us thankfully record the following case :—

"A powerful female patient, who is subject to epilepsy, had a fall during a seizure, and thereby sustained a fracture of both bones of the left leg. The management of such cases is frequently attended with considerable difficulty. When the fracture is put up in the ordinary way, with splints and a roller, it is very apt to be disturbed by each recurring fit, or to be interfered with by the patient, who, probably, at all times irritable, is now doubly so, and frets at and endeavours to remove the dressings. These difficulties, however, were all got over by employing splints made of gutta percha, and a roller of the same material, so as to form an unyielding case, which did not permit of any displacement during a seizure, and could not be disturbed by any voluntary efforts of the patient. Not a single untoward circumstance occurred, and the limb, after union was completed, was perfect both in form and length. This is not the only instance in which I have derived decided advantage from the use of gutta percha."

Another case of interest, is one in which long-continued incontinence of urine was cured by tincture of cantharides, solid nourishment, and a high temperature to promote diaphoresis.

We are glad to observe Dr. Mackintosh stating his opinion strongly against the dormitory system prevalent in the Scotch asylums, and somewhat too much patronised, as we think, by the Commissioners in lunacy. In the Glasgow asylum, several dormitories have been converted and divided into single sleeping rooms, as more suitable to patients, "who are uncleanly, restless, impulsive, violent, or liable to periodic excitement," that is, to a very considerable proportion of the inmates of all asylums. In building the Devon asylum, the female wards were much injured under the advice of a Scotch superintendent, by single rooms being thrown into dormitories. They have been partly reconverted into single rooms ; but two-thirds of the mischief still remains. Dr. Mackintosh's report is highly instructive and satisfactory.

We have before us the reports of four *American Asylums*, that of the Ohio Asylum, that of the Retreat for the Insane, Hartford, Connecticut, that of Pennsylvania, and that of the Friends' Asylum, Philadelphia.

*The Ohio Report*, by Dr. Eels, the superintendent, makes us acquainted with the painful fact, that the state lunatic asylums in America, are sometimes permitted by the legislature to sink into a condition of utter destitution.

"On the first of April last, our limited means were entirely exhausted, there existing no legal provision by which to meet a contingency of this kind, the only alternatives presenting themselves were either to return the inmates to their respective counties, or to effect a loan on individual security, to the amount necessary for their support until the meeting of the General Assembly in January, a period of nine months. The method adopted by and with the advice and consent of your honourable board, was as follows :—During the month of April, eighty-three patients were discharged, thereby diminishing the number about one-third, and the expense in nearly the same proportion. The remaining two hundred have been supported by means of loans and credits."

The rise in the price of provisions, which has rendered it needful to raise the rate of maintenance in English asylums, has been severely felt in the American institutions. Many articles have doubled in value, and all of them have risen at least 25 per cent.; the consequence in the Ohio asylum has been, "indebtedness constantly increasing, until, at the commencement of the present year, it was found to cover the greater part of the appropriation." The accommodation provided by the building arrangements, is spoken of in the highest terms: the building is thoroughly warmed, no artificial system of ventilation is used, but the natural ventilation provided by windows, &c., is said to be, "the most perfect imaginable." The asylum can accommodate 300 patients, and two smaller asylums also in this state can accommodate as many more. By contrasting the census returns of Ohio with those of Massachusetts, and adding a number of insane cases to the Ohio returns proportionate to the number which have actually been found in the State of Massachusetts, Dr. Eels calculates that there are "at present over 2,113 lunatics in our state." From the following quotation, it will appear that the treatment of the insane in America has not yet reached its highest development :—

"We have been compelled to resort to isolation in but few instances, and then only for a few hours at a time. Mechanical restraint has very seldom been made use of, and in those cases only where a disposition has existed to resist to divest themselves of clothing, or to do violence to their own persons; and in these, the hands only, have been confined. The violent are much more readily controlled by giving them the liberty of the wards, and by constant occupation, than in any other manner. Many cases have been brought to the asylum in chains, with their limbs lacerated and constitutions much impaired by protracted confinement in jails, who, on the removal of these sources of annoyance, have manifested the most marked improvement."

The observations of Dr. Eels upon the medical treatment are judicious, and strongly indicate the fact that the doctrines



of Rush have fallen into complete desuetude. Antiphlogistic remedies are said to be seldom indicated, "while nourishing food, tonics with anodynes, and the diffusible stimulants properly administered, seem to allay nervous excitement, induce sleep, and restore natural vigour to the worn-out frame." The movement of patients during the year has been as follows:—Resident at commencement of year, 261; admissions, 174; deaths, 13; discharges recovered, 110; unrecovered, 96. "The operations of the institutions have been more limited than usual," from "our inabilities to supply a greater number with the necessaries of life." Dr. Eels concludes his able report with some valuable tables of statistics. One of these shews the places of nativity of the 2,776 patients admitted during 17 years. A much smaller number than one would expect came from the class of emigrants: more than five-sixths of the whole number were natives of the United States; of the remainder, 212 were natives of Germany, 123 from Ireland, 72 from England and Wales, 18 from Scotland, and 20 from Canada, Switzerland, and Jamaica.

The Rev. D. A. Randall, the chaplain to the asylum, states in his report, that "the limited provision made for religious services does not calculate the bestowal of a great amount of time upon them. They have been confined principally to the Sabbath services of the chapel, the burial of the dead, and occasional visits among the patients."

It is at least an act of candour on the part of the reverend gentleman, to admit that he measures the amount of his devotion to his duties by the amount of his salary. It is not on account of any hesitation as to the power of the influence he can exert, but on account of the limited provision above-mentioned that his duties are so confined. He acknowledges that "True religion is the great regulator of mind, as well as the great controller of life; and a great, if not *the* great remedial agency for the maladies of the human race." Mr. Randall informs us that "up to July, 1852, no special provision was made for religious services, and *the dead were interred without funeral ceremonies.*" The patients dying in this institution are now "honoured with appropriate Christian burial," and the survivors are invited "to participate in the exercises."

Report of the *Retreat for the Insane, Hartford, Connecticut*. The thirty-first report of this institution, by its superintendent Dr. Butler, who is favourably known to us by his judicious psychological writings, indicates a state of far greater prosperity than that of the institution with which we have last

been occupied. Many important improvements are reported, "which have most essentially increased both the efficiency and cheerfulness of the institution." The extent and number of the pleasure grounds is made a special matter of comment, as affording "abundant accommodation and equal *distinctness of classification in the yards*. There are eight of these so arranged that patients in each class can, in suitable weather, have free access to their appropriate yard." At the present time, there is a strong tendency in English asylums to throw court-yards together. We believe at the Lincoln asylum, where this movement originated, there is only one pleasure-ground appropriated to each sex. We certainly think, that in large asylums, two pleasure-grounds, or one pleasure-ground with a court of more limited extent for unmanageable patients may be found useful. The eight court-yards for 193 patients, mentioned with approbation in the Hartford report, certainly appears to us, a superabundance of division. A new lodge or building for separate patients has been erected; it is remarkable for a carefully-arranged system of heating and ventilation. Each single sleeping room is provided with a close stool, built in the corner of the room, and connected with the ventilating shaft in such a manner, as to produce a current of air from the room through the stool. If these appliances are at all admissible in sleeping rooms, this method of preventing effluvia may very possibly prevent some of the evils to which they are liable. Dr. Butler complains of the number of patients who are removed by their friends before their cure has been effected. He also quotes and confirms the opinion of Dr. Kirkbride, the physician of the Pennsylvania asylum as to the injurious effect upon the public mind, occasioned by the misrepresentations of these uncured patients.

"Uncured patients—especially if they have entered an institution against their will—are pretty sure on leaving it, after a short residence, to carry with them some feeling of resentment toward those who had counselled their confinement, or exercised any control over their wishes and proceedings. The morbid condition of their minds too often causes them to interpret erroneously what has passed under their observation, even if there is not a wilful perversion of the truth. They frequently leave with a sense of having been greatly wronged; and it occasionally happens, that their earnest and positive declarations of what they seem to believe true, impose upon well-meaning friends, who have had no opportunities of knowing the actual circumstances of their cases."

Dr. Butler thinks that there is no remedy for this evil except

"To wait patiently for the time when the love of the marvellous shall cease to invest everything connected with a lunatic asylum with an unreal mystery, and shall put more confidence in the full and frequent inspection of candid, sane and intelligent persons than in the honest delusion of half cured patients, or in the revengeful misrepresentations of discharged attendants."

The report contains numerous and carefully drawn tables of statistics. The brief report appended by the chaplain, the Rev. Horace Hooker, is the best report of the kind we ever read: the earnest and simple eloquence of its diction, and the sensible opinions it contains, make it remarkable among the reports of asylum chaplains. Mr. Hooker reports the practise of his ministrations as follows:—

“A hymn is sung by the choir, composed in part of the inmates of the institution. This is followed by reading a portion of the Scriptures, and by prayer. The patients attend on these services with a decorum and apparent interest, which is highly gratifying. Religious exercises similar to those in other Christian congregations, are held on the afternoon of the Sabbath. It is difficult to speak of the attention given by the patients on these occasions, without seeming impropriety, or exciting incredulity in persons who have never been present at the public worship of the insane. The fixed, intense look of such a congregation will scarcely fail to impress a speaker with awe, if he has a proper sense of the danger that some word may be uttered which would fall with injurious effect upon the unbalanced mind, or wound the morbid, preternaturally, sensitive conscience of some of his hearers. In no congregation, paradoxical as it may seem, will one feel more deeply that he is speaking to the intellect—to the heart—to the conscience—to those who have wants and feel that they have them, and are looking around for succour. What permanent moral change, or what preparation of the immortal spirit for heaven are the actual results of such services, is not for us to determine. But that they exert an influence of no slight value in diverting, at least for the time, the thoughts of the unfortunate sufferers from their sorrows, in checking the mind for a while from preying on itself, in breaking in upon the train of delusion, and making an ultimate victory over it easier, I cannot for a moment doubt. The self-control exercised during the service by patients who seem incapable of quiet at their own rooms—whether it proceeds from respect for the presence of others, or from a sense of what is becoming on such occasions, or is only the effect of former habits—must have a happy tendency in aiding the medical treatment, which aims to give reason the permanent mastery of the mind.”

The report of the *Pennsylvania Hospital for the Insane*, by Dr. Kirkbride, the eminent physician of that institution, contains little this year which will be interesting to our readers. A large part of it is occupied with a description of a new heating apparatus, which would indeed seem to be more needed in Philadelphia than in our own more equable climate, since Dr. Kirkbride reports, that for some days during the last winter, the thermometer was five degrees below zero at 8 a.m., and not more than eight degrees at any time of the day.

Dr. Kirkbride thinks that the doctrine of early treatment is occasionally disadvantageous, “by causing cases not exactly suitable for a hospital, to be subjected to the serious injury of a long and improper exposure, in a form of disease requiring absolute quiet and an avoidance of every external source of excitement. The class of cases that terminate fatally within a fortnight of their admission, as a general rule, are of the form that it would be better should have been home, at least until



that particular train of symptoms, which are aggravated by the journey have subsided, and a moderate amount of physical strength regained." We cannot agree with Dr. Kirkbride in his recommendation, that patients should be retained at home "sufficiently long to impress their friends with some idea of the kind of care and responsibility which belong to their management." The patients would be far more likely to suffer, than the friends to learn. If this sort of instruction is of so much importance, would it not be better to admit the friends into the asylum for a week or two?

A large part of the report is occupied by an appeal to the benevolence of the citizens, an appeal justified by the past history of the institution, which was the first of its kind established in the United States in 1751, since which time 2,752 patients have been received, of whom 1,336 have been cured; the present numbers are 230. The institution has received some slight aid from the state, but is principally a self-supporting and benevolent one; that is, it derives its funds from the payments of rich patients, and from the contributions of the charitable.

THE Thirty-Ninth Report of "The Asylum for the Relief of Persons deprived of the Use of their Reason," at Philadelphia, is written in a calm and judicious spirit. The state of the asylum is reported to be very satisfactory. We cannot entirely reconcile Dr. Worthington's assertion, that "the principles of the moral treatment of the insane were as fully recognized by the founders of the York Retreat, as they ever have been since," with the following:—

"An interesting feature of the modern system of treatment of the insane, is its progressive character. Experience has shown, that however perfectly this system may have been supposed to be carried out at any period, succeeding years have witnessed many improvements, and that modes of treatment which at one time have been considered as highly conducive to the welfare of the patient, have a few years later been condemned as unnecessary and improper. We are hence scarcely justified in concluding, that it has already been brought to the highest perfection of which it is capable; but however this may be, there still remains almost unlimited room for its extension to new subjects, as but a very small proportion of the insane, even in our own country, are receiving its benefits."

On the subject of mechanical restraint, Dr. Worthington says, that in a properly constructed hospital, with a sufficient number of competent attendants, the number of patients who will be benefited by it will be extremely small, and he has not used it for the last six months. He does use it, however, in exceptional cases.

"The possibility of dispensing entirely with restraining apparatus, in the

treatment of the insane, and the benefits that have resulted from the recent discussions of the subject, may be admitted by all; yet it may still be doubted, whether there is not a danger of becoming too scrupulous in regard to its application, even in cases which really might be benefited by it. We have therefore, while desirous of availing ourselves of every real improvement in the treatment of our patients, not adopted any exclusive theory in regard to the use of restraint, but have continued to resort to it in its mildest forms, whenever we have considered it necessary to the welfare of the patient."

J. C. B.

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*The Diagnosis of Insanity*, by JOHN CHARLES BUCKNILL, M.D.

(Continued from page 245.)

THE extreme distortion of face produced by acute mania, or melancholia in its higher degree, is easily recognised. It may, however, be needful to distinguish it from the expression of cerebral inflammation, or of fever. The distinguishing characteristics of cerebral inflammation attended by maniacal symptoms are, a greater suffusion of countenance, a firm knitting of the brows expressive of intense pain, and a fierce, prominent, and blood-shot eye. It is in meningitis rather than in mania that it may be truly said—"And each strained ball of sight seemed bursting from his head." The patient suffering from cerebral inflammation has a motiveless ferocity of aspect, rarely met with in pure mania. The stage of effusion in meningitis, and all the stages of some forms of deep-seated cerebral inflammation, in which the meninges are not affected, require to be distinguished from dementia, rather than from mania. The history of the case, however, and the affection of the muscular system, will generally render the diagnosis easy.

The aspect of countenance in the delirium of fever is sufficiently different from that of mania, to afford valuable aid in the discrimination of these two conditions. In fever, whatever may be the degree of excitement and the amount of delirium, the countenance indicates low emotional force. In the delirium of mania, on the contrary, the expression of emotional force is highly exaggerated. This difference is very marked in the expression of the eyes and the mouth. Whatever may be the character of febrile delirium, the expression of the eyes is comparatively devoid of meaning, the muscles of the mouth, although relaxed, are devoid of mobility. The muscles of the face, like those of the body in

general, are greatly deficient in power and tone, and the features, which are controlled by the facial muscles, are relaxed and without expression. If there is any mobility of the facial muscles, it is tremulous and feeble, indicating want of power ; whereas, in mania, the play of these muscles is full of expression and purpose. It is vigorous and tense, and plainly marks a concentration of nervous force. The deepening wrinkles on the face of a patient suffering from the delirium of fever, are the result of emaciation ; those which furrow the face of a maniac, result from the tense contraction of the muscles of expression.

Lavater recommends the student of physiognomy to commence with the insane, because they will afford to his art extreme and crucial instances.

We think that in this instance the acute founder of physiognomical science has not displayed his usual clear-sighted perception of the correct order of observation. To commence the study of physiognomy in a lunatic asylum, would be not less impracticable than to study physiology in the first instance, by means of pathology. It would have been as irrational to expect that the functions of the lungs could be discovered by the inspection of a piece of hepatized pulmonary tissue, as that the signs of natural expression could be determined solely by the observation of that which is strange and unnatural. It would seem, that in all departments of investigation, it is right to commence with the study of that which is most common, simple, and regular, and from thence to proceed to inquiries respecting that which is unusual and irregular. Notwithstanding Lavater's recommendation to his followers, we much doubt whether he ever himself pursued his physiognomical researches in the wards of a lunatic asylum. His nearest approach to it appears to have been a careful study of the insane productions of the painter Fuseli. He speaks of madness as an entity, the presence of which may possibly be discovered by some single mark or token in the lineaments. Actual researches in a lunatic asylum would have speedily undeceived him on this point. It may positively be asserted, that any one totally ignorant of the right meaning to be attached to the different expressions of the human face, would find himself more perplexed in the wards of a lunatic asylum than in any other place in the world, because he would find every variety of expression in every degree of intensity, without the existence of circumstances corresponding to, and explaining the physiognomical signs. Our own advice, therefore, to the student of physiogno-



my would be the converse of that given by Lavater; and I am prepared to affirm, that no one can become proficient in the recognition of the various forms of insanity, who has not acquired a considerable amount of physiognomical tact by his intercourse with the sane portion of mankind.

If we may trust the descriptions transmitted to us by dramatists, poets, and painters, the facial expression of insanity was much more intense in the olden times, than at the present day. The idea generally entertained of a madman is more frequently taken from such descriptions, than from personal observations. I have seldom been more amused by the disappointment of a friend, than I was by that of an accomplished gentleman, who has now for some years made it his business, and his delight, to read Shakspeare to the English public. After patiently examining the numerous inmates of the Devon Asylum, he pronounced his opinion that they were all "stale, flat, and unprofitable." Doubtless they were so in his point of view, for he said, "Where is the poetry of madness? I see none of it, no flashing eye, no foam on the mouth. Why your people are as sober and as respectable as a vestry meeting!" It was a great artistic disappointment; but rather flattered than abashed, I admitted that since the insane had been treated on rational and humane principles, they had ceased to offer the best and most constant examples of exaggerated passion. But even did it continue to exist, the mere expression of intense and uncontrolled emotion would not, in itself, be a symptom of insanity; since emotion is often both intense and uncontrolled in those who are undoubtedly sane. Since, however, insanity is, by common consent, acknowledged to betray itself by the facial expression, it becomes necessary to inquire what are its true physiognomical symptoms.

The expression of the physiognomy in a sane person is compounded of intellectual, emotional, and propensive expression. Intellectual expression may be divided into that which is sensational or perceptive, and that which is reflective. The first is marked by the obvious activity of the organs of sense, especially by that of the eye, and by a certain fixedness of the features, indicating concentrated attention. The reflective expression, on the other hand, is marked by the more or less complete inactivity of the organs of sense, accompanied, however, by the same fixedness of feature which, in this instance, betokens concentration of attention upon an internal object. It would seem that a purely intellectual expression of either kind, must be unalloyed by traces of

emotion. But on the other hand, a physiognomy indicating the presence of strong emotion may, nevertheless, be highly intellectual. An ample brow, a clear and stedfast eye, a firm and well-proportioned mouth, so constantly accompany a high degree of intelligence, that they are almost instinctively recognised as the signs of its presence, even although the features may be deeply marked by tokens which indicate the existence of one or more of the passions.

The emotional expression of the physiognomy is not capable of so simple a description and classification as the intellectual. The distinct emotional expressions are as numerous as the emotions themselves. They may, however, be conveniently classified into those which are expansive, and those which are contracted. To the former usually belong the feelings which are generous and honourable ; to the latter, those which are selfish and mean. The former are generally accompanied by feelings of well-being, or happiness ; the latter by those of suffering. Numerous exceptions, however, exist. Pity, for instance, is a generous, but painful emotion.

The expressional impress of strong animal propensities, or the absence of such expression, is a point of the highest importance. The sensual expression of physiognomy is not greatly modified by any prevailing instinct ; it is, however, greatly modified according to the presence or absence of intellectual power. Without the latter, the facial indications of powerful and unrestrained instincts often profoundly degrade and brutalize the human face. When, however, they are conjoined with intellectual power, strong propensities often appear to lend force and energy to the character, and by the union of the two, the facial expression is wholly redeemed.

The student of the physiognomy of the insane must, above all things, endeavour to separate and to distinguish the three elements of expression above-named, and to estimate the degree in which they severally exist. Having done this, he must bend all his powers of perception and discrimination to the character which prevailing emotion has stamped upon the physiognomy. In persons of placid temperament, and especially in the earlier years of life, the facial traces of emotion may be so slight, as to defy the keenest scrutiny. But after the middle period of life, the habitual emotions become stamped in legible characters upon the features of almost all men ; and in the rare instances where this is not the case, this fact in itself becomes a key to the character, proving an extraordinary absence of passions and desires,

or a still more extraordinary control over their external manifestation. Insanity anticipates the effect of years, and prematurely impresses upon the human face the strong characteristics of habitual emotion. In the youthful insane, the facial lines of anger and pride, sorrow and fear, are more deeply cut than in sane persons of advanced years ; and in a mature or aged lunatic, they are often displayed in an exaggerated degree rarely observed in persons of sound mind. It will be foreign to the object of this paper, to descant upon the minutiae of physiognomical expression ; for these, the student must consult works devoted to the subject, and especially those of the astute and laborious founder of physiognomical science. It will be sufficient in this place briefly to refer to the physiognomical signs observable in the plicæ in the forehead. When these are longitudinal, regular, and broad, they indicate a calm and reflective character ; when perpendicular and abrupt, they indicate the prevalence of angry emotion. The scowl of anger must be distinguished from the heavy brow of melancholy ; in the former, the eye-brows are forcibly approximated ; in the latter, they simply droop. The various expressions of the mouth and nostrils must be duly estimated. The dilated nostril of pride and scorn must be distinguished from that of fear. The compression and mobility of the lips and corners of the mouth, indicate resolution or obstinacy, disgust and aversion ; or on the other hand, satisfaction and the amiable feelings. The vivid and changeful expressions of the eye are so subtle, that they will scarcely submit themselves to verbal description, the stedfast gaze of pride, the languishing look of desire, the thwart glance of distrust, the glare of rage, characteristically express themselves in a manner which it is impossible to misapprehend.

In judging of the insane by their facial expression, the physiognomical characteristics are, in many instances, exactly similar to those observable in the sane ; the intensity of expression, however, is frequently exaggerated.

In a great number of cases, a remarkable peculiarity is observable in the physiognomy of the insane ; this exists in a want of accord in the expression of the different features. This is often remarkable and characteristic, and reminds one of those children's toys, in which the upper and lower halves of painted figures are separable and capable of being joined in fantastic reunion. Thus the lower face of an alderman may be added to the upper face of a handsome woman, and upon the simpering mouth of the latter may be superadded



the stern brows of a soldier The effects produced by this amusing toy are only exaggerations of what may be observed in the insane. The expression of mouth often gives the lie to that of the eye and the brow, and while the whole features are full of expression, it is often impossible to designate truly that which is expressed. This is, perhaps of all, the most characteristic peculiarity of insane physiognomy, because it is only observed among the insane. It is, however, frequently absent in them, and the patients in whom this peculiarity is strongly marked, are probably less numerous than those in which it is absent. Its presence, therefore, as a symptom of insanity is of considerable value, while but little weight can be attached to its absence.

Another peculiarity in the physiognomical expression of the insane, is the apparently causeless and motiveless play of feature which is frequently observed in them. This is only remarked in chronic mania, and in the earlier stages of acute mania, and, conjoined with the last-mentioned conditions, it occasions that state of facial expression upon which the popular idea of a madman's looks is founded. These changes, although apparently causeless and motiveless, are not so in reality ; they are, indeed, a reflection of those rapid changes in the emotional state which often exist in mania.

The physiognomical expression of the insane must be studied with reference to the form of disease. Thus, in melancholia, the facial expression is emotional ; while in mania, it is emotional and intellectual, and is marked by the characteristics of changeableness and inconsistency above described. In dementia, on the other hand, all expression has disappeared, the vacant stare and the meaningless lineaments indicate the loss of thought and of desire. It is only necessary in this place, briefly to advert to the great peculiarities observable in the face of general paralytics,—the trembling lips, the drooping brows, the features expressive of a mixed state of imbecility and excitement, the eyes with pupils of unequal size, together afford to the experienced alienist, unquestionable testimony of the existence of this most hopeless of maladies.

The physician who is a good physiognomist (and no physician can practice his art satisfactorily and successfully unless he is so), when introduced to a patient suspected to be insane, must diligently study the features in conformity with the above principles. He will very frequently find his opinion strongly biassed by the impression which the looks of the patient make upon his experienced judgment, and

upon this ground alone, he will, in numerous instances, be able to pronounce with accuracy, not only that the patient is insane, but the general form of the insanity under which he labours; at least this will be the case in numerous instances of incipient mania, in dementia, and paralysis. The cases in which the looks of the patient will often defy the scrutiny of the physician, are those of monomania or partial insanity, and of melancholia. In cases of partial insanity, where the delusion or delusions are not of a kind strongly to implicate the feelings, the mental disease frequently leaves no trace whatever on the physiognomy, and the looks of the patient are exactly those of a sane man. In the earlier and middle stages of melancholia also, the physiognomical expression of sadness is not to be distinguished from that of natural and healthy grief. The extreme anxiety and wistfulness of acute melancholia, and the dark shadows of the severer forms of chronic melancholia are, however, not to be mistaken. With the above-named exceptions, the physician will derive invaluable aid from the physiognomical study of his patient. The information thus derived, he must immediately turn to account in the conduct of his interrogation and conversation.

It will be tedious and unprofitable to dilate further upon this subject. Its importance, indeed, cannot be easily over-rated; but the art of physiognomy cannot be taught in dissertations or treatises. Like the art of judging of the weather acquired by the mariner and the sportsman, its only school is the wide field of observation. A few principles may indeed be laid down, by which observation may be rendered more easy. They are, however, but few, and the exceptions to their application are frequent.

In observing the patient's expression, demeanour, attitude, &c., the physician will do well to avoid a marked and obvious attention; and in passing from ocular observation to conversational investigation, the more quietly and naturally he conducts himself, the more likely he is to succeed in disarming the suspicions of the patient, and in discovering his real mental state. Much has been written about the manner and mode of address which it is desirable to put on in intercourse with the insane; but many of the insane are themselves acute observers, quick and ready to see through the mask of an assumed manner. A physician, therefore, who feels that it is needful for him to assume towards the insane a manner foreign to his natural disposition, will do well to keep out of their way, and to direct his attention to other branches of professional practice. A quiet and self-possessed

manner is most successful with the insane, but it is only successful when it is natural.

*Interrogation.* In passing from observation to interrogation, the physician will rarely act with wisdom if he at once assail the citadel of the disease. He must first endeavour to occupy the outworks. His efforts must be directed to placing himself on good terms with his patient. For this, no general directions can be given. He must employ that tact derived from good sense and knowledge of mankind, without which he will find himself lame and impotent in this field of medical practice. By the time that a good understanding has been established between the physician and the patient, the former will have obtained from the various sources which we have specified, information of the utmost importance for the guidance of his interrogations. If he is so unfortunate as to have absolutely no history of his patient, he will have observed in him one of four things, either—firstly, a vacant and meaningless expression, and a childish absurdity of action, the signs of dementia, of imbecility, or those of general paralysis; or, secondly, a facial expression of deep and concentrated sorrow; or, thirdly, indications in physiognomy or demeanour, of strangeness and irregularity; or, fourthly, no outward indication of mental disease. In each of these four main divisions of mental disease, a somewhat different method of interrogation must be pursued. In the mature stages of dementia, when the patient can neither understand nor answer a simple question, of course interrogation is both unnecessary and impracticable. But in the early stages of primary dementia, the task of ascertaining the extent of mental debility, is not unattended with difficulty. In this form of disease, there is little in the patient's conduct or demeanour to assist the judgment of the medical man; the physiognomy, indeed, is silly and expressionless, the eyes have a meaningless look, and easily and frequently suffuse with tears, and a vacant smile plays upon the lips. The features, however, are often fixed in meaningless apathy. In this form of disease, the mind, suffering from deprivation and not from aberration of function, it becomes needful only to test the degree in which functional power has been lost. This must be determined by testing the three fundamental functions of mind, namely, those of attention, memory, and comparison.

It must be remembered, that the inattention of dementia is widely different from that of mania. When brought to the test of repeating any statement, madness gambols from



rewording the matter. Dementia does not gambol, it halts, or stands stock still. The fault of attention in mania arises from the "thick crowding fancies," which prevent the mind from dwelling upon any one object in a manner to fix the attention. An object is seen clearly, although but for a moment. In dementia, no object impresses a distinct idea upon the perception, although the attention may have dwelt upon it for some length of time. The test devised by the English law for idiocy, namely, the appreciation of number, is a useful one in the early stages of dementia. It is remarkable at how early a period of the malady, patients lose not merely the power of understanding anything like an intricate account, but the value of very simple numbers. To this fact is to be attributed many instances of reckless expenditure and apparent prodigality in persons becoming insane. Other instances arise from aberration of the judgment, and loss of power to estimate consequences, and others from a morbidly active state of desire; but in the early stages of dementia, in the dementia of old age, and in imbecility, the patients become an easy prey to designing persons, from the weakened power of attention, and the consequent inability to estimate the value of money. The power of memory depends, in a great degree, upon that of attention. A thing which is well observed, is well remembered; while circumstances to which the attention has not been energetically directed, hold in the memory but a feeble and treacherous place. It is partly to this that must be attributed the well-known peculiarity in the memory of persons suffering from the dementia of old age. The vivid impressions of early life are easily recalled, while the recent ones of declining age leave no traces in the mind. It must not, however, be supposed that the powers of the memory can only be enfeebled in this secondary manner. The memory is itself a cerebral function, and so purely is it a cerebral function, that some metaphysicians who strenuously deny this attribute of all other mental powers, concede it in regard of the memory, and in this manner endeavour to establish an alliance, or a compromise, between the physiological and the spiritualist theories of the mind. The memory then, is without question, a function of the brain, and cannot fail to suffer injury from any lesion to which its organ is subjected. It is, as we have seen, impaired in a secondary manner, from enfeeblement of the attention. That it is also primarily injured in dementia, is proved by the fact, that when peculiar circumstances have excited the attention to energetic exercise, and have occasioned passion-

ate emotion, the memory, although in a less degree, is still feeble and treacherous.

It is very remarkable, that in those forms of cerebral lesion which are characterised by enfeeblement and decay of the mental functions, the highest of these functions, namely, the judgment, suffers to a much less extent than either the attention or the memory. It is a fact abundantly verified by experience, that persons in whom the powers of the mind are in an advanced stage of decay, the judgment often remains sound, as far as its condition is capable of being investigated. It is difficult to bring the comparing faculty into play, because it is difficult to present to it, ideas representing the things to be compared. The attention and the memory having failed, the scales of the mental balance remain empty; but if by adroit management, these scales can be loaded, it is found that the adjustment of the beam remains correct. This remarkable circumstance forms a point of distinction between dementia and mania. In mania, attention and memory are often vigorous, but the comparing faculty is deranged.

In dementia, the emotional functions suffer, but in a less degree, and at a later period than the primary intellectual functions of the mind. In the cerebral decay of old age, which may be taken as the type of dementia, the nobler and more complicated emotions of manhood give way to those of a simpler character, and the state of mind from this change derives its popular name of "second childhood."

When ambition, patriotism, love, and friendship have suffered decay, and the ennobling influence of the intellectual faculties have been abstracted from the character, the simpler kinds of emotion which have become habitual during life, exercise a more open and unrestrained influence upon the individual. It is the habitual influence of the simpler kinds of emotion which especially form what is called the disposition. If this has been what is called good, the dementia of disease, or of "second childhood," will be placid and amiable; if, on the other hand, the habitual emotions have been of the egotistical and irascible kind, the state of dementia will be marked by anger easily roused, or fretfulness, and by a discontented selfishness. In persons of really evil disposition, the mental decay of old age is characterised by a hideous display of malignant feeling.

In the above analytical consideration of the mental changes which take place in dementia, I have been careful to avoid what may be called metaphysical subtleties. Under the term

attention, I have included sensation, perception, and conception. Under the term memory, I have included memory proper, and recollection, or remembrance. Under judgment, I have included comparison, wit, imagination, and judgment proper. And under the general term of emotion, I have included the sentiments, feelings, and desires, and those also which perhaps ought to have been considered separately—the propensities, or instincts. It may be laid down as a general rule, that in pure dementia, the sexual instinct is greatly weakened or destroyed. This will be found to be the case even in instances where indecent conduct is observable. Such conduct, on a strict scrutiny, will be found to arise, not from activity of the instinct, but from the loss of modesty, and from inability to appreciate the rules of decorum. In those cases of senile insanity which are attended by lascivious conduct, the form of mental disease more nearly approaches that of mania, than that of dementia. There is a mixture of the two states ; but the maniacal element preponderates.

There is, perhaps, no form of mental disease in the early stages of which it is more difficult to form a decided opinion, than in primary dementia. This difficulty arises from the frequent absence of several indications which render valuable assistance in the diagnosis of other varieties of insanity ; the demeanour and conduct of the patient is often very slightly, if at all, changed ; there is nothing strange in his appearance, no égarement in look, or manner. The facial expression, indeed, is often weak and undecided in conversation ; the attention is found to be feeble, but not wandering ; but the earliest and most trustworthy symptom is loss of memory. The physician will often find, that in the course of conversation, the patient forgets what he has been talking about a few minutes previously, and that he has not the slightest recollection of the events of the previous day. This form of disease very rarely comes on without a decided exciting cause, and the opinion of the physician will often be facilitated by testimony as to the existence of such a cause, and enfeeblement of the faculties resulting from, and speedily following, it. The most frequent causes of primary dementia are injuries of the head, and attacks of apoplexy ; the causes next in frequency are fever and emotional disturbances, especially grief. It may be thought wrong to classify dementia as primary, when it follows apoplexy. Classifications of this kind, however, derive their value from their utility, and it is convenient to classify as primary, all cases of dementia which are not the sequelæ of other forms of mental disease.



In primary dementia, the difficulties of the physician are increased by the absence of any form of delusion, namely, of illusion, hallucination, or delusion proper.

In many instances, the most experienced physician will not be able conscientiously to give a decided opinion in the early stages of this malady. Its progress, however, is generally certain, the attention becomes more and more enfeebled, until even the sensational indications of the bodily wants cease to be observed, and the patient, if neglected, lapses into what are called dirty habits. In its mature stages, this form of disease is recognised with the greatest facility.

I restrict the term consecutive, or secondary dementia, to that form of disease in which the mental faculties are left enfeebled and decayed by the subsidence of the more acute forms of insanity. Dementia of this kind, differs in various respects from primary dementia. The most remarkable point of difference is occasioned by the intermixture of the primary disease with its results. Dementia of this kind is compounded of the remains of mania or melancholia, and their effects. There is an extremely wide range in the degree and manner of this intermixture: a concrete case may present all the features of mania with the slightest possible indication that the cerebral functions have passed into a state of permanent decay. Another case, on the other hand, may present the utmost degradation of mental power with the slightest trace of maniacal excitability or perverseness. In this variety, traces of delusion are common. In the transition of mania into dementia, the character of the prevailing delusion not unfrequently undergoes a change; the delusive ideas become less complicated and imaginative. The existence, however, of delusion of some sort is very common, although it is more difficult to detect, in consequence of the patient having lost much of his communicativeness and demonstrativeness. Another feature which distinguishes secondary from primary dementia, and which is still more frequent than delusion, is the continuance of an exaggerated state of emotional feeling. It is, unfortunately, a matter of daily observation in the wards of a large lunatic asylum, that when the storms of mania have permanently injured the functions of the brain, painful or malevolent emotions frequently survive the decay of the intellectual faculties. It is this fact which renders the facial expression of so many chronic lunatics at once stupid and vicious; the features continue to be distorted by anger, hatred, or fear, long after they have ceased to be illuminated by the rays of reason.

Under the humane and judicious treatment which now prevails in lunatic asylums, this peculiarity in the physiognomy of secondary dementia is infinitely less frequent and less pronounced than we remember to have seen it, from ten to fifteen years ago ; or than is delineated in the engravings of Morrison or Esquirol, and to a still greater extent in the paintings of Hogarth.

Even in Cibber's well-known statue of Dementia, while the tongue is lolling from the mouth in the very extreme of intellectual degradation, there is still a fierce scowl upon the brow. This statue, which is reported to have been copied from the actual condition of a lunatic in the wards of Bethlehem, a man who had been Oliver Cromwell's porter, represents, in an exaggerated degree, the peculiarity of facial expression to which I desire to direct attention. Cibber, however, would not, at the present day, find it easy to procure such a model, faithfully and painfully expressing, not only the effects of disease, but those of cruel and brutal treatment.

The entirely different treatment which now prevails has not changed the pathological fact, that in secondary dementia the emotions survive the intellectual powers. It has, however, altered the character of those emotions : in a great number of instances it has succeeded in substituting amiable and agreeable emotions, for those which are painful and malevolent. And in other instances of success less complete, it has nevertheless mitigated the intensity of feelings of the latter character. The most indubitable testimony with which I am acquainted, of the immense change which has taken place in the condition of lunatics, is afforded in the entirely different facial expression of lunatics as they were painted and described by our forefathers, and as they are observed by ourselves. The old treatment converted the insane patient into a ferocious, malevolent, and repulsive being, who, in his turn, excited the horror and disgust of those who trembled to feel themselves his fellow-men.

To return from this digression to the practical question of diagnosis, the physician will find his task greatly more easy in the secondary than in the primary form of dementia ; the history of the case will rarely fail to afford him substantial grounds for the formation of a decided opinion. The history of a prolonged or more violent attack of mania, followed by a gradual change of symptoms, the principal feature of which was the substitution of enfeeblement for exaggerated activity of the mental functions, can rarely leave doubt as to the

nature of the case. If, however, the physician is unable to obtain any history of his patient—if, for instance, the patient should be a wandering lunatic without relations or friends to give an account of his antecedents, the physician will, nevertheless, find little difficulty in recognising the existence of secondary dementia. The feeble power of attention and memory will be observed as in the primary form of the disease. But in addition to this, the physician will mark the strange want of accord between the intellectual and emotional expression of the physiognomy, and by following this clue, he will rarely fail to elicit, by interrogation, those traces of the earlier mental disease which combine with mere intellectual debility to form the peculiar disease in question. He will discover various emotions capable of being easily and unreasonably excited; he will find anger or affection, confidence or distrust, devotion, pride or rapacity, excited without motive, or by such as to a sane person would be altogether insufficient. And, moreover, he will, in numerous instances be able to discover the existence of delusions; delusions, indeed, which form but a pale reflex to those absurd convictions which carry the monomaniac or the maniac along with irresistible force, but delusions nevertheless, absurd ideas the result of disease, and the proof of its existence.

When the countenance of a demented patient is in repose, there is frequently no trace of mental infirmity upon it. But when the attention is roused by a question or an incident, the idiotic expression becomes at once apparent; this sudden change of facial expression, from that which might belong to a sane and intelligent man to that which characterizes low idiocy, is a good diagnostic mark of dementia. In true idiocy, the mental defect is impressed upon the countenance at all times.

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*On the various Forms of Mental Disorder,*  
(*Being the substance of Lectures delivered at the York School of Medicine*). By DANIEL H. TUKE, M.D., Visiting Medical Officer to the York Retreat.

As it is my intention to present a faithful description of the various forms of mental disorder, it is necessary in the



first place, to draw attention very briefly, to the classification of diseases of the mind. Very different arrangements have been made by different writers on the symptoms manifested by the insane, and they have grouped them under somewhat opposite heads, guided in some instances by the most prominent symptoms, and in others, by the supposed seat of the malady. Before that attention had been paid to psychological affections, which they now happily have obtained, Cullen's nosology was regarded as clear and natural; and doubtless, it promised advantages over the systems of Sauvages, Vogel, and Linnæus. Cullen placed mental disorders in the class, *Neuroses*, and under the order, *Vesaniæ*, which included those disorders in which the judgment is impaired, without coma or pyrexia. These he referred to four great divisions, viz., *amentia*, *melancholia*, *mania*, and *oneirodynia*. *Amentia*, might be either congenital, senile, or acquired; *melancholia* exhibited itself in eight principal varieties, some involving hallucinations of a painful, others of a pleasurable nature; *mania*, he defined as a false judgment arising from perversions of the imagination, or from false recollection, and commonly producing disproportionate emotions (assuming the person to be awake and free from pyrexia and coma); *oneirodynia*, the last of Cullen's divisions, included, *somnambulism* and *night-mare*.

Dr. Arnold, whose work on insanity, contains a vast amount of information on the subject, divided mental diseases into two principal classes, the ideal and the notional, in the latter of which he included the pathetic.

Dr. Prichard proposed two great divisions, first, intellectual insanity, in which he included, *monomania*, *mania*, and *incoherence* or *dementia*; and secondly, moral insanity, under which he included every form of mental disorder in which there was no apparent lesion of the understanding or intellect.

Dr. Conolly observes, "All the forms of mental disorder are dependent on one of three states of the nervous system, a state of increased, or diminished, or a state of unequal excitement of that system," and that "all other forms of insanity appear to be mere varieties, or complications, or results."

A German writer, Heinroth, divided the disorders of the mind into three divisions; first, those of the understanding or intellect; second, those of the moral dispositions; third, those of the voluntary powers or propensities.

Dr. Bucknill has a threefold division, not very dissimilar to that of Heinroth, namely, "intellectual, emotional, and volitional."

For practical purposes, we shall probably find it most convenient to consider the various forms of mental disorder under three heads, to some extent the same as those of Heinroth, though we shall not follow him in his details.

Such a classification, if not based on any proved physiological divisions, is in accordance with a very generally recognized analysis of the mind, rough though it be, and admitting of infinite subdivision. Indeed, could we determine with certainty, the fundamental, radical, faculties of the mind, we might then, and only then, hope to possess a detailed and systematic nomenclature, according as one or more of them were involved.

Did we possess a perfect knowledge of the physiology of of the organ of the mind, we should naturally, as in other diseases, adapt our terms to the *structure* affected, but in the absence of this knowledge, it appears most reasonable to adapt them to the affected *function*; indeed, we do this to some extent in strictly physical diseases, for we speak of disorders of digestion, etc., as well as of the organs by which such processes are carried on. In the same way we speak of disorders of the intellect, sentiments, etc., instead of basing our classification merely on prominent symptoms, as is the case when mania, dementia, and other like terms, are alone employed as the ground work of our psychological nosology. Accustomed as we are, however, to these expressions, it would be idle to discard them; they are convenient in conveying in most cases an idea of the condition of the patient; and they admit of being employed along with what may be regarded a more natural system of classification.

I do not attempt to propose any improvement on previous classifications, but as it is absolutely necessary that we should pursue some order in considering the varieties of mental alienation, we shall, I think, find it convenient to consider them under three heads. It might, perhaps, have been sufficient to regard them under two—the one comprising the intellectual faculties, and the other the feelings or emotions; but as we proceed, we shall find some convenience in subdividing the latter class—the affective—into those sentiments which we are accustomed to regard as “moral,” and as belonging more especially to man; and those propensities we call “animal,” and which I would describe rather than define, by saying that when exhibited in excess, they produce immoral acts. Employed in this sense, these terms do not precisely correspond with that in which either phrenologists or Heinroth would employ them. We owe, however, I think, something to the phrenological school for their analysis of the mind, which

(whatever may be the fate of Gall's cerebral physiology) is more practical than any which preceded it; and, probably, many are not aware to how considerable an extent they assume the truth of the divisions of the phrenologists. Dr. Noble's classification of mental disorders, under the three groups of intelligential, notional, and emotional, appears to me correct, so far as it recognises the twofold division of the intellect and the emotions; but I regret that he has divided the former in two, because the terms convey the idea to the student, that the one is and the other is not intelligential, whereas both are equally disorders of the intelligence. Nor does such an arrangement possess any advantage over others in being based upon any anatomical distinctions, for whatever division there may be in this respect between the intellectual and emotional faculties, there is no evidence to show that disease of one structure is associated with notional, and of another structure with intelligential insanity. Instead, therefore, of dividing the intelligence, I shall speak of the emotions in the following observations, under the two heads already referred to. I only employ these divisions, however, as a chart by which we may shape our course for something like firm land, without allowing ourselves to be lost in the metaphysician's "Ocean of Doubts." They are, after all, only the points and headlands of a recently discovered coast, which navigators have but partially delineated; they may, however, serve provisionally as convenient boundary marks during our voyage.

I shall therefore proceed to the description of disorders of the mind, under the following heads:—

- I. Forms of mental unsoundness, involving the Intellect.
- II. Forms of mental unsoundness, involving the Moral Sentiments.
- III. Forms of mental unsoundness, involving the Animal Propensities.

Under the first division, I shall speak of idiocy, cretinism, imbecility, dementia, incoherence, and exalted conditions of the intellect, whether partial (monomaniacal), or general, including hallucinations, illusions, &c.

In general, our practical knowledge of the character of mental disorders must, like those of other diseases, be derived from two grand sources—the subjective and the objective. The former is exhibited in what insane persons tell us of themselves in their conversation and autobiographies, and is highly instructive; the latter includes the phenomena observed by ourselves as spectators of the disease. Much information may be obtained by subjecting the patient to



processes of inquiry, by way of investigation and experiment calculated to test his actual mental condition, not only in regard to what he *does* manifest, but also in regard to what he *can* manifest. This latter mode of determining the patient's condition, we are constantly resorting to almost unconsciously; but it is one which M. Falret has laid especial stress upon, and is, doubtless, one which admits of, and deserves, much more systematic cultivation than it has hitherto received. From all these various sources, therefore, we must derive our information of the different forms which mental disorders assume; by a careful observation of symptoms, by eliciting the actual condition of the mental powers of the patient by systematic tests (by percussing the patient, as Guislain would say), and by ascertaining his sensations.

There are two opposite conditions, from either of which, defective mental power may have originated, and from which the observer might trace abnormal intellectual conditions. He might either begin his investigation with the abortive condition of the intellect, known as idiocy; or he might regard the earliest departure from a sound mental status, as exhibited in incipient dementia. To comprehend the natural history of unsoundness of mind aright, both methods of inquiry ought to be pursued. I do not speak here of the pathological changes accompanying these states, but only of the mental phenomena.

Let us now proceed with Idiocy—a condition of defective development, (*ἰδιος privatus*), in which the subjective symptoms of the patient are ascertainable in only a very limited degree.

Pinel did not restrict this term to a congenital condition. He says, "Idiocy is the abolition, more or less complete, either of the understanding or the affections." Again, "Idiots form a very numerous class in our hospitals, and their condition often is the result of the too active treatment they have undergone elsewhere. Those who are so from birth, have sometimes a malformation of the skull," &c.\*

Vogel, Sauvages, and others spoke of idiocy under the terms, *fatuitas*, *imbecillitas*, *amentia*.

Esquirol appears to be the first medical writer who very clearly defined the term, and restricted it to a congenital defect. "Idiocy," he observes, "is not a disease, but a condition in which the intellectual faculties are never manifested; or have never been developed sufficiently to enable the idiot

\* *Traité Medico-philosophique, Sur l'Aliénation Mentale.—2nd edit., 1809.*

to acquire such an amount of knowledge, as persons of his own age, and placed in similar circumstances with himself, are capable of receiving. Idiocy commences with life, or at that age which precedes the development of the intellectual and affective faculties, which are from the first, what they are doomed to be during the whole period of existence." Subsequently he says, "dementia and idiocy differ essentially; otherwise the principles of every classification are illusory. . . . A man in a state of dementia is deprived of advantages which he formerly enjoyed. He was a rich man, who has become poor. The idiot on the contrary has always been in a state of want and misery."

This is the definition of idiocy usually adopted. Happily, however, the education of this unfortunate class has in modern times so far modified its correctness, that it would no longer be right to speak of the faculties of the idiot being doomed to remain stationary, or to say, (as Esquirol proceeds to do,) "the condition of a man in a state of dementia may change: that of the idiot is ever the same." We shall only therefore adopt Esquirol's description, so far as it represents idiocy as a congenital deficiency of the mental powers.\*

Lord Coke's definition is substantially the same as Esquirol's; "one who from his nativity, by a perpetual infirmity, is non compos mentis."†

Another legal definition of the word is, "he that shall be said to be a sot and idiot from his birth, is such a person who cannot count or number twenty, and tell who was his father or mother, nor how old he is, so that it may appear that he hath no understanding or reason, what shall be for his profit, or what for his loss; but if he have sufficient

\* Dr. Maxwell has obligingly furnished me with the following general result of the care bestowed on the idiots under his charge. He says, "As to the cases we have in the asylum (Red Hill), I think I may say that they *all* have improved more or less. Kind treatment, good diet, and attention will improve the most hopeless cases.

"Many that come in dirty, irritable, &c., not only become cleanly, but get to speak intelligently, to dress themselves properly, and make themselves useful. Other cases will do a great deal in the school; for instance, we have a case which came in spiteful, obstinate, and unable to read and write. Now he reads well, writes well, also writes from dictation, draws very nicely, can sing several songs, play on the harmonium, and can drill, which has made him walk upright. He has latterly been in the mat-making shop, and can make the best part of a mat. Another boy has *improved* in all the above, and is learning mat-making. He possesses perhaps the most intellect of any of the boys; but I cannot say that I think he will ever be like an ordinary person. The cases most favourable are those between 7 and 12, which are healthy, can speak, and are free from fits and paralysis."

† Coke's *Lyttleton*, 247 a.

understanding to know and understand his letters, and to read by teaching or information, he is not an idiot.”\*

Dr. Prichard † defines idiocy as “a state in which the mental faculties have been wanting from birth, or have not been manifested at the period at which they are usually developed. Idiocy is an original defect, and is by this circumstance as well as by its phenomena, distinguished from that fatuity that results from disease, or from protracted age. The latter, as we have seen, is dementia or incoherence, and it is important that this affection should not be confounded with idiocy. Guislain’s description of idiocy is as follows:— “Partial or complete deficiency of the mental faculties, accompanied generally, by a defect in the power of locomotion; a malady belonging to a congenital condition.” “Most modern authors” he elsewhere observes, “have made idiocy a distinct genus. I do not see the necessity for establishing this distinction. On this account I include it in the genus *amentia*, *dementia*, *vecordia*, *fatuitas*.” ‡ I shall, however, follow Esquirol and Prichard in the use of the word, in distinguishing it from dementia.

So much for the definition of Idiocy. Let us now consider its characters. These vary according to the degree in which the cerebro spinal system is involved. In the lower forms of idiocy the functions of organic or *vegetable* life are ill performed; the idiot is below the plant; nutrition is most imperfect, and the power of reproduction null. He would perish but for the assistance of others.

The functions of *animal* life are likewise to a greater or less extent impaired; he may be scarcely alive to external impressions, nor possess the power of executing spontaneous acts; in the lowest type, he is blind, deaf, and dumb, the dejections are involuntary; he is, indeed, nothing more than “a living dead man.” “La dégradation des facultés intellectuelles,” says Guislain, “atteint un degré qui fait descendre l’homme au-dessous de l’animal, qui le met même plus bas que les plantes, vu que toutes les fonctions sont tellement réduites que, sans l’assistance d’une autre personne, certains idiots seraient dans l’impossibilité de pourvoir à leur nourriture.”

Ascending to the higher functions, we observe in idiots endless varieties in regard to intellectual and moral capacity; “Some possess aptitudes and inclinations, and almost all, even

\* 1 Fitzherbert, *Natura Brevium*, 583, ed. 1652, (cited by Ray.)

† Treatise on Insanity, p. 318.

‡ Leçons Orales Sur les Phrénopathies, Tome premier, pp. 309, 343.



those who are deprived of the power of speech, sing, and retain a recollection of tunes. Though no constant and direct relation subsists between the vice of organization and the various degrees of sensibility and understanding among idiots; we must be convinced that the more considerable are the organic deformities, the more marked are the imperfections of the sensibility and intelligence. No particular volume or form of the head is peculiar to idiocy, notwithstanding it is proper to observe that, the smallest heads appertain to the most degraded class of idiots.\* The degraded condition of the idiot is very clearly displayed in his vacant stare, in the thick everted lips, the slavered mouth, the irregular teeth, the gums often swollen, the frequent strabismus, the general want of symmetry, the absence or defect of the senses of sight, hearing and speech, taste and smell. His staggering walk is also very striking; yet he seems as if he must be in motion, if he is on his feet; and if seated he has a difficulty in balancing himself. "The vacuity in the expression," observes an eminent psychological writer, "the inability to look at any one with precision, the excess of partial sensibility, the automatic movements, the want of muscular power, the inability to move at will parts of the body not actually paralysed, are peculiar to idiocy; while dumbness, deafness, local or general insensibility, the relaxation of the sphincters, the abolition of taste and smell, atony or extreme general irritability, disordered nutrition, are not symptoms essential to, but only frequently associated with idiocy." Psychologically, we may regard the idiot, with M. Seguin as badly served by imperfect organs (*mal servi par des organes imperfects*); the instincts limited but imperious; the sensations determining in him the exercise of attention, comparison, judgment, memory, foresight, and will; in a word, differing from everyone else in that he wants that synergetic action of the faculties, and that spontaneity from which springs free moral agency.

Esquirol based his division of idiots upon the power of speech they possess. "In the *first* degree of idiocy," says he, "properly so called, the idiot uses merely words and short phrases; idiots of the *second* degree, articulate only monosyllables or certain cries; finally, in the *third* degree of idiocy, there is neither speech nor phrases, words nor monosyllables." And doubtless, these divisions are true to nature and practically useful; it seems, however, more in accordance with our present knowledge of the nervous centres, to regard the

\*Esquirol. *Maladies Mentales*. (Hunt's edition), p. 470.

various stages of idiocy, according to the degree in which the reflex and volitional functions are manifested.

We might from this point of view speak of three classes of idiots; first, those who exhibit nothing beyond the reflex movements known as the excito-motor; second, those whose reflex acts are consensual or sensori-motor, including those of an ideo-motor and emotional character; third, those who manifest volition, whose ideas produce some intellectual operations and consequent *will*.

This arrangement, will be found to accord in great measure with that adopted by Georget, although he employed different modes of expression. He has four classes; but if we withdraw the fourth, which refers more especially to imbeciles, we have the three following: first, those who have no mental existence, who cannot attend to any of their wants, and would certainly die, if one did not take care of them; second, those who have some sensations, shun the cold, and give notice that they require food, but do not attach themselves to anything, and would never go in search of victuals, all their actions being without reflection or object; third, those who are conscious of some of their sensations, who recognize the persons and objects by which they are surrounded, and are susceptible of attachment to those who do them good; they employ signs more or less expressive, and make known their wants either by gestures or cries, or even by words badly articulated.

As an illustration of the first class, I may refer to a very interesting case mentioned by Dr. Carpenter on the authority of Mr. Wallis, of Hull. Although reared to the age of ten years, this idiot has never from the time of his birth exhibited any distinct indication of consciousness; there is no apparent malformation of the brain, yet no movements have ever been witnessed which seem to proceed from any higher centre than the medulla oblongata. Food has to be carried back into the pharynx, in order to be grasped by the constrictors.\*

An example of a very low form of idiocy has been given by Pinel, in his *Traité Médico-philosophique sur L'Aliénation Mentale*,\* but it is of a higher grade than the preceding. "One of the most singular and extraordinary cases which has ever been observed," says he, "is that of a young female idiot, 11 years old, whose skull I have figured, and who, in the form of her head, her tastes, her mode of living, seemed to approach to the instincts of a sheep. For the two months

\* Human Physiology, 4th edition, p. 360, Note.

\* Second Edition, 1809, p. 182.

and a half she was at the Salpêtrière, she exhibited an especial repugnance to meat, and eat with avidity, vegetable substances, such as peas, apples, salad, and bread; she only drank water, and manifested in her way a lively appreciation of all the care which the attendant took of her. These demonstrations of feeling were confined to the expression of these two words, *bé, ma tante*; for she could not offer any other words, and appeared entirely silent, solely from wanting ideas, since otherwise her tongue seemed to possess all its mobility; she was also accustomed to exercise alternate movements of extension and flexion of the head, in supporting it like a sheep against the breast of her nurse, to testify her gratitude. Her back, loins, and shoulders were covered with long flexible hairs, from one to two inches in length, and which resembled wool in texture. In making efforts to get out of the bath, she would repeat in an acute tone, *bé, bé, bé*. She would not sit, but lay on the ground, "*le corps roulé, et étendu sur la terre à la maniere de brebis.*"

It is remarkable that, as has already been stated, many idiots whose intellectual faculties are scarcely to be recognised, have excelled in musical talents. In the instance of Quénau, an idiot at the Salpêtrière, it was necessary to dress her; when she attempted to speak, she uttered a hoarse cry, or a sort of articulate, jerking, grunt, which she continued till she was understood. She comprehended by means of a gesture, what was intended to be communicated to her, provided it had reference to nothing beyond the most common wants of life. Yet this idiot was a musician.

You see here a cast from the head of an idiotic female who died at the Retreat, above 70 years of age. She afforded an example of the third class; her ideas produced some intellectual operations and consequent will. The almost lady-like propriety which characterised her was remarkable, and was in great measure due to the incessant pains taken with her when young. Some would call this a case of congenital imbecility rather than idiocy; but she could never be taught to read or write. She was full of delusions about children; she imagined almost every day that she was in labour; and was generally actively engaged in chiding the children which she already possessed, forcibly recalling to one's recollection the doggrel:—

"There was an old woman that lived in a shoe,  
She'd so many bairns, she knew not what to do;  
She whipp'd them all round, and sent them to bed,  
Without any broth, and without any bread!"

She died of ovarian disease. The brain, as you would infer



from the cast, was very small, and only weighed  $22\frac{3}{4}$  oz. (avoirdupois); the cerebrum,  $19\frac{1}{2}$ ; and the cerebellum,  $3\frac{1}{4}$ . The weight of the brain in the new-born infant, is stated by Tiedemann, at from 10 to  $13\frac{1}{4}$  oz.; the smallest brain recorded by Solly weighed  $19\frac{3}{4}$  oz. (avoirdupois), and the next smallest  $22\frac{1}{2}$  oz. And if we take the average weight of the female brain at 44 oz., and deduct 1 oz. for each decennial period after 50 years of age, we have a brain about 20 oz. below the average weight, and  $41\frac{1}{4}$  oz. below that of Cuvier's, which weighed 64 oz. avoirdupois. In this case, the membranes, with the exception of slight opacity of the arachnoid, were healthy, and not adherent; there was a little fluid upon and beneath the arachnoid; the vessels generally were empty. The thickness of the grey matter appeared to be fairly proportionate to the white; the convolutions were small, and the sulci shallow, especially superiorly; there was an unusually wide and deep division between the posterior and middle lobes; the corpora striata and optic thalami small, but healthy; the ventricles normal, fluid slight in quantity; the pineal gland large and sacculated, like a hollow grape. The commissures and the septum lucidum were entire. The following are the measurements of the head taken from the cast:—

Circumference . . . . .	18.87 in.
From the root of the nose to the spine of the occiput . . . . .	11.10 „
Antero-posterior diameter . . . . .	6.62 „
Transverse . . . . .	4.75 „
<hr/>	
Total . . . . .	41.34 „

These contrast very strongly with the same measurements of our late fellow citizen, Etty, the painter, the cast of whose head you see before you:—

Circumference . . . . .	24.75 in.
From the root of the nose to the spine of the occiput . . . . .	16.5 „
Antero-posterior diameter . . . . .	8.75 „
Transverse . . . . .	6.37 „
<hr/>	
55.92	

In the instance of the sheep-like idiot recorded by Pinel, the antero-posterior diameter was 5.11 inches; and the transverse 3.53; the circumference is not given. The measurements of Quénau's head were as follow:—

Circumference . . . . .	20·07 in.
From the root of the nose to the spine of the occiput . . . . .	11·33 „
Antero-posterior diameter . . . . .	6·92 „
Transverse . . . . .	5·63 „
	<hr/>
	43·95

The corresponding measurements of the famous “Aztec” boy, whom one can only regard as an idiot, were as follow :—

Circumference . . . . .	13·25 in.
From the root of the nose to the spine of the occiput . . . . .	7·75 „
Antero-posterior diameter . . . . .	4·5 „
Transverse . . . . .	3·75 „
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	28·80

You must not conclude from these examples of microcephalous idiots, that a small head is a necessary accompaniment of idiocy. On the contrary many idiots have had large heads, leaving out of the question instances of hydrocephalus. Dr. Parchappe has stated as the result of very careful enquiry, that if there exists a general relation between the volume of the brain, and the degree of intelligence, “facts are wanting to deduce rigorously from this relation, the different degrees of intellectual and moral capacity.” Of 100 idiotic heads examined by M. Belhomme, 84 presented more or less decided malformations of the forehead, occiput, and lateral portions. Twenty-five per cent. had a well marked want of symmetry. On bringing together a hundred well proportioned heads, he did not find a single idiot among the number. Gallice after making a large number of observations, came to the conclusion that the more intelligent the idiot is, the larger will be his head; but that this results from a greater development of the *occiput*. And this certainly accords with what Leuret had previously recorded, that the occiput in idiots is remarkably small. Desmaisons, in his “Memoir on the Form of the Head in Idiots,” concludes that idiocy sometimes exists without any malformation; that it is impossible to fix upon any malformation peculiar to idiocy, when the volume of the head and its symmetry are retained, and that in cases of this kind, flattening of the posterior portion of the head is as common as that of the forehead. Gall laid it down as an axiom, that idiocy must exist, when the head is not more than 13 inches in circumference; and he says that the measurement of heads in cases of complete imbecility

up to the ordinary exercise of the intellectual faculties, is comprehended between the following limits: the circumference varies from 14 to 17 inches; and the arc between the root of the nose and the occipital foramen, measures nearly 12. These dimensions, he adds, are accompanied with a greater or less degree of stupidity or fatuity, inability more or less complete of fixing the attention on a determinate object, vague sentiments, an irregular train of ideas, speech consisting of broken phrases, &c., and blind and irregular instincts.\*

Esquirol's statements appear to be somewhat contradictory, for while a table of measurements which he gives, exhibits a decided decrease in the size of the heads of idiots, he says, "the dimensions of the crania of idiots are equal to those of other men;" and concludes by exclaiming, "Que de travaux encore ne reste-t-il point à faire, que de recherches, avant de pouvoir préciser la coincidence de volume et de forme avec la capacité intellectuelle!"

After this hasty review of the principal characters of Idiocy, let us consider those of Cretinism, with which it is nearly allied, yet from which, as you will see, it differs in some important particulars. In what these consist we shall shortly endeavour to determine.

First, what is the derivation of the word? Some authors, including Foderé, have derived it from *chrétien*, in consequence of the popular notion that the cretin is especially blessed by heaven; others refer the derivation to the word *cretina*, which signifies *stupid*, or *silly*—apparently, a more feasible explanation of the word. Esquirol suggested that the term originated in *cretine*, alluvial soil, believing that an alluvial region was among the causes of the malady.

The terms applied to these wretched beings have, of course, varied in different countries. In Savoy, they are called *crétins*, or *fous*. In some parts of France, they go by the name of *cagots*. In the Vallais, again, cretins of the lowest class are called *tschengen*; those of a higher grade, *trissel*; and those of the highest, *gauch*. In Styria, they are called *dotteln*. In Italy, *scempiaggine*. In Piedmont, *foulitre*, &c.

These different terms at once reveal to you, that cretinism is not confined to Switzerland, from which we hear most about it, but that it is endemic in many countries. But more than this, it is sporadic; an occasional case being found, presenting all the characters of genuine cretinism, in the cities of various countries, including England. One such case, although

\* "The Functions of the Brain," vol. ii., p. 214.



in a very modified form, was admitted into the hospital here, some months ago, to be treated for bronchocele. You will remember that when you asked him how he was, his constant reply was, "my belly aches, and my breast is sore;" and you might have supposed this was the extent of his vocabulary. You will find a report of this case in *The Medical Times and Gazette*, Sept. 15, 1855, a portion of which I will read to you. "He is very short for his age (14), is of rather fair, but pale and earthy complexion, and of a quiet, apathetic expression of countenance. He is not destitute of intelligence, though very decidedly below par. Has been sent to school regularly, and has learnt to write fairly; but can scarcely read at all. He answers questions in a slow, hesitating manner, and can with difficulty be got to speak to strangers. . . . The abdomen is large and tumid, but there are no indications of organic disease either in it or the chest. The thyroid gland, although now much reduced in size by treatment, is still enlarged in all its proportions, to a degree quite perceptible to the eye. *The arch of the palate is high and narrow*, and the teeth have grown very irregularly. The muscles, generally, appear fairly developed, and feel firm to the touch. He can walk and run, but is not active. In regard to his history, it was ascertained that both parents were very short in stature, and although neither was so deficient in mind as to approach imbecility, yet both were peculiar in temper, and by no means of vigorous intellect. The father is still living; the mother died of phthisis, with acute intestinal complication, about six years ago. Idiocy is not known to have ever shown itself in the family of either; nor is it certain that any relatives have ever had bronchocele. Both parents were born in York, and have lived there all their lives; they were in no way related before marriage. All their children, four in number, are delicate and ailing. The eldest was eight years old before he could talk, and as yet speaks very imperfectly. The periods at which they have learned to walk, have not been noticed as later than usual. The family, although poor, have never wanted necessaries; and the parts of the city, in which at different times they have lived, although lying low, are not notably unhealthy. . . . It was about a year and a half ago that the fulness in the neck was noticed as commencing."

Cretinism is said to be first mentioned in a will of the 15th century, in which the testator provides for the safe keeping of an innocent. Mention is made of goître at a much earlier period, in classic times, since Juvenal says:—

"Quis tumidum guttur miratur in Alpibus?"

Shakspeare, never at a loss for an illustration, has not overlooked goître. He makes Gonzalo say:—

“Faith, sir, you need not fear: when we were boys,  
Who would believe that there were mountaineers,  
Dew-lapp’d like bulls, whose throats had hanging at them,  
Wallets of flesh?—which now we find  
Each putter-out on five for one, will bring us,  
Good warrant of.”\*

The Swiss cretins are thus spoken of by Felix Plater, so far back as 1500:—“Sunt et aliqui stulti qui, præter innatam stultitiam, vitiis quibusdam notati sunt a natura; quorum aliqui passim occurrunt, maxime vero in certis regionibus frequentiores inveniuntur, uti in Valesio pago, Bremis apelato; plurimos in viis sedentes, quorum aliqui ad me Sedunum delati fuerunt, an forte aliquid auxilii ipsis adferre possem, vidi, capite informi, interdum lingua immensa et tumida, mutos, strumoso simul aliquando gutture, aspectu deformi, qui ante suas oedes collocati, torvo visu solem intuebantur, ac baccillis digitorum interstitiis inditis corpusque varie torquentes, oreque diducto, cachinnum et admirationem prætereuntibus movebant.”

In later times, numerous writers have given descriptions of this unfortunate class; the first systematic treatise was by Foderé, in the year 1792. He was followed by Michaëlis, Autenrieth, the Wenzels, and others.

About ten years ago, a Commission was appointed by Charles Albert, the then King of Sardinia, “touché du sort malheureux d’un grand nombre de ses sujets,” in order to investigate the causes and nature of cretinism, and to suggest means for the relief of so terrible a malady.

From the particulars collected and presented by this commission in their report, we shall be able to obtain much valuable information in regard to cretinism.†

No name perhaps is better known in connection with the subject than that of Dr. Guggenbuhl, who, in 1841 established a hospital upon the Abendberg, in the canton of Berne, for the purpose of caring for, and endeavouring to educate, cretins. Strangely opposite opinions have been, and still are entertained respecting Dr. Guggenbuhl, and his treatment; but I am disposed to think that, making every allowance for any disposition he may have to exaggerate his own merits, he has done a great work in an unpromising field, and raised if he has not cured:—

\* *Tempest*, Act iii., Scene iii.

† *Vide* article by Brierre de Boismont, *Annales Medico-Psychologiques*, 1850.

“a strangely visited people,  
All swoll’n and ulcerous, pitiful to the eye,  
The mere despair of surgery”—

and it may be added, of psychological medicine too.

Much discrepancy exists in the statements of authors, as to whether cretinism can be recognized at birth. The true state of the case according to the report already referred to, appears to be this: that there is no pathognomonic sign by which it can be then diagnosed, but that a certain combination of symptoms may allow us to prognosticate in childhood the future development of cretinism. In well marked cases, it is stated that after the fifth or sixth months, the child presents the following symptoms:—the development of the body proceeds very slowly; the child, though weak, is remarkably stout and appears swollen; the colour of the skin is sometimes dusky, sometimes yellow, sometimes natural; the head is large; the fontanelles widely separated, and sometimes the features disjointed; their expression is stupid, and they remain stationary in the same position. Their appetite is voracious, and they pass much of their time in sleep. The belly is swollen; the extremities are generally attenuated; the neck is thick, without however being always goitrous; teething is not completed for many years, and is accompanied by an offensive salivation, and frequently by convulsions. Usually, the child cannot stand before its sixth or seventh year, and it is then that it begins to articulate certain sounds, supposing it has not been deaf from birth. The voice is hoarse and shrill, and words are spoken with difficulty. The development of cretinism, strictly speaking, commences about seven; and it is asserted that no instance is known of a child becoming so after the seventh year, under the influence of local circumstances alone.

In speaking of the differences of opinion as to whether cretinism can be diagnosed at birth, I did not mean you to infer that there are no cases clearly congenital. On the contrary, the classification by Dr. Guggenbuhl recognizes a congenital class. His second division includes those affected with rachitis; the third, those specially characterised by general atrophy; and the fourth, those cases complicated with hydrocephalus.

Three classes of cretins are generally spoken of by authors, according to the degree of defective development.

1st. Cretins, manifesting only vegetative functions, and deprived entirely of reproductive and intellectual faculties, including the power of speech.



2nd. Semi-cretins, possessing the power of reproduction, and some faculty of speech; intellectual faculties limited to corporeal wants.

3rd, Crétineux; having intellectual faculties superior to the former, and able in some degree to apply to trade and other employments.

Those of the second and third class have been called *megalo-céphales* by M. Cerise, who measured their crania in 105 instances, and found them more capacious than those of the first class. There appears to be almost invariably in the skulls of cretins, a fronto-occipital depression, while the sides of the head are prominent. Thus in a hundred measurements it was found by Dr. Trombotto that the antero-posterior diameter was less than the transverse, by four centimètres. The head of the cretin is very generally more or less in the form of a cone, with its apex at the junction of the sagittal and lambdoidal sutures.

The character of the face appears to remain unchanged from puberty to old age. The eyes, in addition to their want of expression, are generally affected with strabismus, the zygomatic arch is very large, the mouth of remarkable size, and the lips thick, the lower one hanging down. The inferior maxilla is small, retreating, and its angle very obtuse, as you may see in these plates from Carus's atlas; the contrary is stated to be the case by Dr. Brierre de Boismont, who observes that the lower jaw is very strong, and in advance of the upper.

In regard to the stature of cretins, there are many in Savoy below three feet. They rarely exceed four feet nine inches; and are mostly between two and four feet.

The symptoms of cretinism may be thus recapitulated, almost in the words of M. Brierre de Boismont:—Peculiarity in the form of the head; a disproportion between all or certain parts of the body, in consequence of defective development; imperfect nutrition to a greater or less extent; generally, absolute powerlessness of reproduction, or at any rate great torpidity in this respect; little muscular energy; voluntary movements undecided; inability to stand beyond a short time; total want, or a marked imperfection of language; imbecility more or less decidedly exhibited in the countenance, as well as in the character.

“The co-existence of all the preceding conditions” observes M. Brierre de Boismont, “constitutes absolute cretinism; the absence of any one of them and the diminution of their

intensity constitutes semi-cretinism. Between these two extremes the gradations are infinite."

After this review of the symptoms manifested by cretins, we may recur to the enquiry, In what does a cretin differ from an idiot?

In the first place, an idiot is born with his deficient development; the malady is constitutional, congenital. The cretin on the contrary for some time appears to be free from disease, and if placed under favourable circumstances might escape, although it is obvious that he must have a greater predisposition to this peculiar condition than a neighbour who does not become a cretin; this predisposition is clearly hereditary, and Foderè observed that if a male affected with goître, the son of a goïtrous semi-cretin, married a semi-cretin, their offspring was a complete cretin. If, on the contrary, a male cretin of the second class, married a healthy mountaineer, the offspring would be a cretin of the best (the third) class. But if the races did not continue to cross, then the offspring of such an union, resembled the grandfather and not the father.

Secondly, cretinism is endemic, idiocy is not so, but appears in our own country without any particular regard to locality. At the same time, were cretinism and idiocy alike in other respects, this point of difference could not be maintained, for we should have to regard the former in that case as endemic idiocy; there would be no difference in their nature.

Thirdly, the brown or yellow colour of the skin, the remarkably high and arched palate, the considerable proportion of cases in which the thyroid gland is enlarged, present points of contrast to idiocy.

Fourthly, cretinism is more curable than idiocy.

But fifthly and lastly, the most marked distinction exists in the greater degree in which in cretinism, both systems, the nervous and muscular, are affected. In idiocy there may be an entire absence of the mental functions without anything like the same amount of loss of muscular power and co-ordination. "L'idiot" says M. Baillarger, "est un être dont l'arrêt de développement porte sur l'encephale, tandis que chez le cretin, il y a un arrêt général, tant du développement du cerveau que de l'ensemble de l'organisme." M. Niepce also says, "L'idiot est un être bien conformé, tandis que le cretin présente la dégradation des organes." The size of the feet is not in proportion to that of the trunk, while the prominent abdomen resting upon two lank attenuated legs, and the head, which is sometimes cumbrously large, drooping over an ill developed thorax, exhibit humanity in its most distorted form.

Into the causes of cretinism, I do not propose to enter; the conclusion, however, at which the Commission arrived, was that, notwithstanding many exceptions, the most general and constant causes, are a humid or vitiated atmosphere, whether in consequence of the character and situation of the country; or the position and aspect of the dwellings, and the defective construction of badly ventilated and dirty houses; or the want of sun-light; to which must be added the bad quality of the water, and the excess or deficiency of some of its constituents, the bad quality of the food, and its insufficiency for the wants of life. The conclusion at which Dr. Behrend, a German writer, arrived after a careful examination of the etiology of cretinism, was essentially the same. Sir John Forbes, to whose graphic sketch of what he saw and heard of cretinism during his "Holiday" I would refer you, observes, "my present impression is that its cause is some form of that unknown local influence or thing, commonly recognized under the name of *miasma* or *malaria*, and which operates on the animal system as a poison, producing special modifications of function and special changes of structure, according to certain special conditions, which, however, are like itself unknown. As the unknown thing which we term *malaria* or *miasma* of marshes, under certain circumstances gives rise, at one time to simple ague, at another, to a fatal remittent fever, etc., and produces at times a morbid enlargement of the spleen, at others, diseases of the liver, etc.; so I can imagine that some other *malaria* or unknown thing or influence, of local origin, may be the cause of ordinary bronchocele, of the aggravated bronchocele or goitre of the Alps, and also of cretinism." Dr. Grange and Dr. Chatin have endeavoured to show that there exists an important relation between the deficiency of iodine in the atmosphere, food, soil, and water, and the development of cretinism. But more extensive researches appear to be required, before this proposition can be admitted.

We must acknowledge and act upon the existence of those obvious causes which sin against hygiene, and which must be removed before we can hope, either to prevent or cure cretinism. Sir John Forbes states that among similar instances mentioned to him, a surgeon, at Bonneville, in Savoy, pointed out to him a village near that town, in a gorge of the mountain-range that bounds the Arve on the south, as the only place where cretinism prevailed in that district; and that he knew a family who had had several healthy children while residing in a more elevated spot, and who on coming to reside in this village, gave birth to several cretins. "Heroic doctors"



he observes, "in ignorance of the way in which alone nature works, may attempt to cure a chronic disease by a *coup de main*; and by mistaking temporary relief for real cure, may themselves suppose, or be supposed by others to have done so, but every physiological physician knows well that a morbid condition, which may have been months or years in forming, can only be effectually and permanently removed by means which act slowly and for a length of time, not on one part only, but more or less on the whole system. And so it is, and still more certainly, in the cases now under consideration, in the cure or amelioration of which, nothing is to be neglected that can help to waken up the dormant faculties, in that gentle and imperceptible but uninterrupted mode in which Nature produces all her great and permanent changes in the organic world of life, and in the psychical, no less than in the mere physical portion of her domains."

In regard to the pathology of cretinism, some (including Rosch) regard it as the most complete development of scrofula; others (with Ackermann) maintain it is an extreme degree of rachitis; while Foderé and others consider that the proximate cause of the malady is hardness of the brain, and a defect in its structure. Dr. Behrend defines cretinism to be "a scrofulous, rachitic dyscrasia, accompanied by chlorosis and imperfection of the intelligence and senses. Dr. Brierre de Boismont with more candour acknowledges that we possess no definite knowledge on the subject. At the same time we cannot doubt the immediate cause of the symptoms we witness, both in idiocy and in cretinism, is a defect in the quantity, or when this is not the case, in the *quality* of the nervous matter of the encephalon. Further observations on the chemical constituents of the brain in idiots, such as have been made in regard to the less amount of phosphorus, &c., may advance our knowledge. Meckel observes that in idiots the cerebral substance is drier, lighter, and more friable than in healthy brains. Malacarne declares that the lamellæ of the cerebellum are less numerous in those deprived of intelligence. The convolutions of the cerebrum are not, remarks Solly, exactly alike on both sides in healthy brains; while, "curiously enough, we find them almost in exact correspondence in the brain of the monkey and *the idiot*, and even in some of the lowest of the negroes."\*

Having now, however imperfectly, described to you, the phenomena of Idiocy and Cretinism, it is necessary that I should say a few words in regard to the meaning attached to the term *Imbecility*. Some writers have restricted its use to

\* The Human Brain, 2nd Edition, p. 180.

the loss of mental power supervening in infancy, others have applied it indifferently to a congenital and infantile condition, and all agree in employing the term to denote a minor degree of mental deficiency than idiocy. Probably the best way to define the difference between idiocy and imbecility is this: idiocy always is, imbecility is not necessarily, congenital; idiocy implies a less amount of intellectual power than imbecility. At the same time it is obvious that it is possible to have such an abolition of the intellectual faculties in a child congenitally of sound mind, that in regard to the mental condition it is rather idiotic than imbecile, and yet in regard to the period of the invasion of the malady, it is not idiotic, in the sense applied to the word in the previous definition, and as laid down by Esquirol.

When imbecility is present from birth, the sensitive and intellectual faculties are somewhat developed; sensations, ideas, and memory, as well as the affections, passions, and even inclinations, exist, but only in a slight degree; they think, feel, and speak, and are capable of acquiring a certain amount of education. (Esquirol.)

Georget speaks of imbeciles as those who "are conscious of sensations, have memory, can judge of the simple acts of life, can work at rough employments which require little discernment; they employ, in order to express themselves, a language composed of those expressions which are most essential to their ordinary wants."\*

Imbecility, like idiocy, is manifested in various degrees. In the lower forms "imbeciles produce nothing; and all their movements, both intellectual and moral, are aroused only by impulses from without. They do not think or act, except through others; their will is without energy. They will and do not. They cannot follow a conversation, still less a discussion. They regard as serious, things the most gay: and laugh at those that are most sad. Does something interest them, their eyes are fixed, but they do not see; they hear but do not comprehend; although they affect to have both seen and understood. They reply correctly, but you must not ask them too many questions, nor require from them responses which demand reflection, or are contrary to their habits."†

Other imbeciles know those who are about them, are affectionate to their friends, but are often passionate, and are very likely to have a strong tendency to theft. They are equal to the performance of many of the ordinary duties of life, and are able to take care of themselves.

\* De la Folie, p. 104.

† Esquirol, op. cit. p. 452.

Others display considerable shrewdness, and are constantly indulging in jokes; they pass for half-witted people, whose droll behaviour, and ready repartees, create amusement. From this class, the court-fools of antiquity and mediæval times were derived. Unfortunately, there are not a few imbeciles who are dangerous to society: they are sometimes prone to incendiary, and still more frequently to homicidal acts. This is the case even with true idiots; proving in both cases how completely distinct must be the structures which subserve the intellectual and the affective faculties, there being in the same person, and at the same time, an absence or depression of the former, and an excess or exaltation of the latter. I think Gall and his followers are quite justified in urging these facts in favour of a plurality of cerebral organs. He relates the case of an idiot who, after killing two of his brother's children, went to the father with an expression of delight, and told him what he had done. Again, instances are given by Esquirol and others, of the presence of moral sensibility, in association with intellectual deficiency. This, however, is of much rarer occurrence than the absence of intellectual power coincidently with the excessive action of the animal propensities.

(*To be continued.*)

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*Do the Public Asylums of England, as at present constructed, afford the greatest facilities for the care and treatment of the Insane?* By W. H. O. SANKEY, M.D., Lond.: Physician to the Female Department of the Hanwell Asylum.

THE treatment of insanity may be said to resemble more a long-continued siege than a vigorous warfare. It is not by action and measures, and certainly not by certain formulæ of medicinal agents that we can hope to make any progress against the disease; not that it is less the province of the medical practitioner to direct the treatment, whatever the means adopted: the progress of the malady has to be watched, and the means of cure varied as circumstances arise. But it is not a well-furnished dispensary, or a large assortment of drugs with which he has to be supplied, his agents are rather careful nursing, wholesome diet, regular



employments, diversified amusements, cheerful dwelling, personal cleanliness, and such like ; these constitute his *materia medica*, and these he should have at his command at all times.

The treatment depends so greatly upon the regulation of the ordinary occupations and pursuits of the patient, and the facilities for these, upon the architectural arrangement of the building, that the form of the edifice, and the disposition of its offices becomes of paramount importance to the medical attendant.

A general has the disposition of his own troops, the workman of his own tools ; but, in the majority of instances, it is not so with the medical superintendent of an asylum for the insane. The problem given to him is this : Given, a certain building : you are required to treat the insane in it in the best possible way. Whereas the proposition should be the following : you are required to treat the insane in the best manner ; required, the form of building most suitable for the purpose.

The arrangement of the building of an asylum for the insane is, however, of importance, chiefly on the score of the expense which it necessitates in the management of the establishment. It is obvious, that if the cost were of no consequence, that, with an unlimited number of attendants and nurses, any amount of vigilance could be insured in any form of building. But while it is a duty we owe to the patients that they should have every care and attention, it is also a duty that this should be accomplished with the smallest cost compatible with efficiency. In a building arranged for the purpose, a much smaller number of attendants would be required than would be necessary in one not so well contrived.

Now the cost of the attendants forms a very important item in the expenditure of all asylums.

At Hanwell, in the year 1853, I find the total expenditure was £26,038 12s. 10d., which may be thus divided—

Expenditure on the patients—

For provisions ... ..	£6,114	1	1
„ clothes ... ..	1,881	5	1
„ medicines, &c. ... ..	1,143	11	1
	<hr/>		
		9,138	17 3

Expenditure for officers and servants\*—

\* The board of officers and servants is not given separately in the reports, but it may be calculated as equalling the wages.

Wages	...	...	...	4,854	4	3			
Board (say)	...	...	...	4,854	4	3			
							9,708	8	6
Common to both—									
Repairs	...	...	...	2,853	8	7			
House expenses: as									
coal, furniture, &c.				4,155	16	5			
Incidentals	...	...	...	182	2	1			
							7,191	7	1
							26,038	12	10

But it is not wholly from the cost of the management which the large number of attendants entails upon the establishment, that the form of the building is important, for the larger number, besides being more costly, are less easily managed by the superintendent. The working of the whole machine is the more complicated, and more likely to become deranged in operation, the greater the number of the individual elements that compose it. That asylum would be not only conducted more cheaply, but probably more efficiently also, which required the fewest number of officers to carry it on.

In order to arrive at the conclusion that a building is, or is not conveniently arranged to insure a proper amount of attendance upon the patients, at the smallest cost, it will be well to enumerate briefly, the duties that are, or should be required of the attendants, or nurses; for the attendants are the executive of the whole system of treatment.

The treatment of the insane may be viewed in various lights, viz., medical, hygienic, moral, and domestic. The duties of the attendants may be considered under these divisions.

Firstly, the duties of a medical nature, which are required of the attendant, are briefly: to observe and report any change in the appearance or conduct of the patient. And this is the more essential because, in the investigation of the diseases of the insane, the medical man is often deprived of one source of information, viz. the subjective symptoms, or the evidence derived from the patient's feelings. The attendants should note and report any alteration of manner of expression, changes in habits, inclinations, in spirits, temper, disposition, alteration of mental power, as in the memory, the occurrence of delusions, changes in complexion, in strength, activity, appetite, the state of the bowels,

besides the existence of eruptions, bruises, injuries about the body, &c. All these circumstances and more, fall within the sphere of the duties of the attendants. It is obvious the medical man could not make these observations for himself, and upon them he is obliged often to base his opinion of the bodily state of the patient, and the seat and amount of disease under which he is labouring.

But it is surely of no less importance that the medical attendant should be well informed with respect to the manner the patient may have passed the night.

How a patient sleeps is an important item in the consideration of any disease. It is of the highest and of peculiar import in the investigation of diseases of the brain,—of insanity, because sleep has peculiar and intimate relations to the mental faculties, and also, because it is one of the symptoms which is observed by others; the patient unable or unwilling to indicate sensations or feelings within the head will involuntarily disclose by this means the state of the cerebral functions. His condition, perhaps carefully concealed during the day, or obscurely indicated by such faint and uncertain signs as expression of the features, or depression or exaltation of spirits, may be unequivocally denoted during the night by the mode of sleep; the sleep may be deficient or totally absent; it may be interrupted, protracted, heavy or light, disturbed by dreams, by frights, by night-mare. The patient may talk in his sleep, be affected with somnambulism, or sleep with twitchings, be seized with a fit, he may be unable to sleep in this or that posture, or be incapable of lying down at all, he may lie uncovered, be in the habit of getting out of bed, of lying beneath the bed, he may have various delusions or fancies, fears or terrors connected with the night, as with the moon, stars, &c. All which circumstances require the attention of the nurses, and would yield evidence to the medical attendant, may, indeed, give proof of diseases, other than those of the brain, not, perhaps, indicated by any other means. It is emphatically important, therefore, that the attendant should be able to observe and note all these facts.

But, besides for the purely medical, the attendant is the executive for the moral treatment, and we shall see that this should extend not only through the day, but the night also. The moral treatment is the splint of the broken mind; it is the means by which the medical man seeks to obtain for his patient mental rest. It is the duty of the attendant to see that no mental excitement arises in any of his patients,



whether it be anger, grief, pity, or any other mental passion. And should such occur, which may happen of course at any hour, he is required to check it, and to divert the turn of the patient's thoughts into some other channel, for at no time should the passion be allowed to last. The attendant should be full of resources to amuse and divert his patient's attention, it is therefore necessary that he should be furnished with, or have ready access to various sorts of amusements, such as books, games, music, &c.

It is essential in all intercourse with the patients, that the attendant's conduct should be soothing. It must never be distrustful; but above all, while a constant surveillance is necessary, it is important that he be not obtrusive, or unnecessarily interfering. The day rooms should be so constructed therefore, as to afford the attendant a full view of all his patients at a glance, without the necessity of his following them from place to place, or dogging them like a spy. It is also necessary, that those duties of the attendant be constant, unremitting, and never relaxed. The passions increase by exercise. The control of them is lost by the frequent indulgence in them; to check them at one time, and to allow them free scope at another, is worse than useless; it is irritating and baneful. To watch and guard the patients by day from irritating causes, and to leave him by himself at night, would be to undo at night the good that has been accomplished by day. The patient must be watched and nursed by night as well as by day. The duties of the night attendant in carrying out the moral treatment of the patient, is required to check any altercation that may occur in the bedrooms; to prevent improper conduct and conversation; to preserve order; to soothe those labouring under any imaginary terror; to attend to their wants; such as to administer drink, to remake the disordered bed of the restless, &c. And with an attendant sitting up in every dormitory, how often could suicides take place?

Besides the purely medical and the moral; that which may be called the hygienic treatment is also carried out by the attendant. By day, he has to see the patients are properly washed and cleansed; that they are tidy in the dress; that they take sufficient exercise; that they eat their food decently, in proper quantity, at proper intervals of time; that they indulge in no unseemly habits.

At night, the same kind of attention is required, that the conduct of the patient in the bedrooms may not lapse into

irregularities and disorder. Those prone to be wet or dirty require frequent attention, that this habit may be broken. All soiled clothes should be removed, that the rest may sleep in comfort; those uncovered should be covered; those that are noisy removed; those that leave the bed led back; in fine the constant attendance of the nurse during the night is required for innumerable minor offices, not strictly perhaps to be classified in any one of the divisions in this classification. The sick even of the poorest class would scarcely be allowed to retire to bed, beyond the reach or easy access of some one; and in hospital the patient is never left. The insane especially require attention during the night; for besides their proneness to be sleepless and terrified; many are also disposed to suicide, to injure others, to have fits, to be dirty in habits, to be uncovered, and many are unable to communicate their wants at all, or give the alarm if another is ill by their side; so that without constant watching, even death might occur and not be discovered till the morning.

If we admit that these are the duties which we require of the attendant, and they can scarcely be said to be overstated, we may proceed to consider, whether asylums as at present constructed are calculated to afford the proper facilities for attendance upon the insane, and at the smallest possible expense to the public! And if this question should have to be answered in the negative, which portion of the proposition has been sacrificed to the other! Is efficiency sacrificed to economy, or is economy sacrificed to efficiency, that is, is the treatment unnecessarily expensive?

What are the appliances and conveniences necessary to be provided in the structure in which the duties enumerated above are to be performed? What are the facilities that can be given by a proper arrangement of building, to enable them to be performed in the most economical as well as most efficient manner—to enable, that is, the largest amount of work to be performed by the fewest number of officers and attendants? While considering this question it will be perhaps, convenient to examine how the requirements are met in existing edifices.

It is well known, that between nearly all existing lunatic asylums there is a general resemblance in the arrangements of buildings, and consequently a great similarity in the mode of management. There is a general type as it were, the description of which may be taken as a description of all.

Asylums as at present constructed, speaking generally, may be described to consist of the wards, the workshops, and the offices.

The wards consist of day rooms, sleeping rooms, and galleries. The day room is either an offset as it were of the ward, or an enlargement of a portion of the gallery. The gallery is a kind of wide passage, into which the dormitories open. The bedrooms are small rooms to contain one, three, or five to eight beds each. The whole of this is enclosed within doors, and is called one ward. It is unconnected except by proximity with any other ward. The patients of one ward have no connexion with any other ward; and the attendant's ward duties are confined to this one ward only. It is generally considered that thirty to thirty-five patients is the right number to belong to a ward. The patients take all the meals in their own ward. A ward is therefore a little system of itself; a distinct and separate division of the whole institution; a number of such wards constitute the asylum; in the same way that a number of regiments make up an army, the staff of superior officers being over all in both instances.

How far is this form of government and discipline suitable? Certainly the model, from which it appears to be taken, is considered to be good. The system of officer and subordinate in the army is a well organized and well approved system; but there is a wide difference in the two cases which must not be lost sight of. The system in the army is for the sake of the discipline of the men, that the whole may be moved as one, and directed against one object; and the general's order ramifies through grade to grade, and puts into action every private in the direction desired; but the same system in the asylum extends only as far as to the attendant. The patient is not equivalent to the private who is under order; but he is the object to which all movement is directed.

An asylum is not therefore like a number of regiments, but rather it should be like but one regiment; the attendants being the privates; the patients the object of the work to be done.

So far therefore that the system of order and subordination of officers and servants need be carried, it is only necessary that it should extend to the attendants. And certainly it will be generally admitted, that that system is the most perfect which is the most simple and most comprehensive; that is, in which the parts of the system are



linked and joined together, so that one should be subordinate to the other ; the power ramifying from the superior to the lowest grade.

The entire isolation of one ward from another, appears on principle to have no advantages, as far as the general government and discipline of the whole is concerned. On the contrary it has the effect of scattering the body to be governed.

But is the ward, thus, composed of day room, gallery, and dormitories, convenient on other grounds? What are the requirements of each of these divisions?

The day room, with which are included the galleries, should be so constructed, that from any part of it the attendant can see the whole. It should be cheerful, of course properly warmed ; it should have within it, or in close proximity to it, all sorts of amusements and means of diversion : the greater the variety of amusement at hand the better. If the patients dine in it, of course it should also be near the kitchen. Now all these are necessities common to all the wards. If the wards are distinct and separated, there must be a repetition of the means of amusement in each ward, or less variety in each. There should also be two attendants in every ward at all times, if the wards are apart. It will require three attendants to each ward, in order that one should be allowed to leave the ward when required. These are, therefore, evils or difficulties which attend this arrangement of building, the object and end of which appears to be chiefly, that the patients may be able to be wholly under one attendant ; that he live by day in the same ward, and within the same walls that he sleep by night. The arrangement involves the necessity of numerous inconveniences, and the end gained does not appear to have any equivalent recommendation.

If the day rooms of all the wards were in proximity, say all on the ground floor, then the staff of attendants would be more concentrated, and much fewer would suffice. Again, if all the entertainments were close to these day rooms, then one billiard room, or one bowling green, or one reading or music room would be common to all.

Where is the necessity that two patients sleeping in a given ward at night, should dine together at the same table by day? Patients are now placed in different wards on some system of classification ; but whatever the basis of the classification, it will not hold good throughout the 24 hours, why, therefore, should it be attempted to make it do so? At

night, the classification should be based on the requirements of the patient during the night ; and during the day, the patient should be placed where he can best be attended during the day, for example, the workers in the laundry, or in the fields, should be together, and under the proper attendants for those departments ; but at night, each should go to that dormitory most suited to his case : those requiring attention, to the nearest point to the nurse ; those sleeping well to the most remote.

The arrangements of the day rooms and galleries appear to me to offer no peculiar facilities of either management or economy. How far do the dormitories in connexion with these, meet the requirement for which they are intended ?

The principal object in the construction of the dormitories is, to give the nurse the means of a perfect surveillance. In hospitals, the wards are purposely constructed in a form that the nurse may see every patient at one *coup d'œil*. Now the generality of the dormitories in asylums are so built, that the attendants cannot see more than one, or at most two patients at a time, and perhaps not those without unlocking the door, and thus running the risk of waking the patient ; so that in fact, the night attendant might be in the wards repeatedly ; he might, indeed must, pass frequently the doors of patients lying unconscious and in a fit, and unless a noise be made, a patient may die in the night, and it would not be discovered till morning. Indeed, it is well known, that worse than this, suicide or murder can happen, and not be discovered for hours.

The wards of an hospital, which are equivalent to the dormitories of an asylum, are generally oblong rooms, consisting of two rows of beds ; or sometimes double rooms divided down the centre by open arches, with four rows of beds ; and in this room the night nurse sits during the whole of the night, and a light is burnt. The hospital patient is thus never left at night. Upon what ground is it deemed right to leave the insane ? The wants of a patient in an ordinary hospital during the night, are few and trivial compared to those of the insane ; and the necessity for attending upon the sick, infinitely less than for watching the lunatic.

It may be objected that a ward, of the dimensions of those in hospitals, would be too large for the purposes of a lunatic asylum ; that so many insane persons could not be brought together into one dormitory ; or at all events, that in an asylum, not more than a limited number could be got fit to sleep in a large dormitory.

It would, doubtless, frequently occur that a patient, sleeping in a large dormitory with twenty others, would be noisy and disturb the rest, and this happens also in all hospitals; and in such establishments, small rooms (single dormitories) are provided to place a noisy patient in, on occasions requiring it, such as a patient with delirium tremens. In the London Fever Hospital where, of course, this frequently occurs, about four or five rooms per hundred prove sufficient for such cases. I am disposed to believe from particular observation on this point at Hanwell, that about the same proportion of single rooms would amply suffice in lunatic asylums. It is the custom in asylums, however, to provide single rooms for two other descriptions of patients, viz., those dangerous to others, and to some as a peculiar privilege.

With respect to the first of these, viz., those who are found to be violent to others during the night, and who are not really labouring under an acute maniacal paroxysm, they ought to be broken of this habit, and would be in most instances if a nurse were always in the room. This class of patients especially require the attention of the nurse during the night, that they may be brought into the same orderly conduct by night as they already are by day. During the day, they sit at the same table, walk in the same airing court, attend the same entertainments, and are controlled and do not, though often jostled and pushed by others, commit violence. So far, therefore, from the necessity of providing single rooms for this class of patients, it appears to me, that they would be much better treated in large dormitories properly overlooked.

The number of single rooms, therefore, actually required for all purposes may be estimated, in my opinion, at the outside, at eight per cent. of the whole; and I should not be surprised that with an efficient state of night nursing, this proportion would be found unnecessarily large.

But a larger number, probably, would be required to be furnished, than would have to be actually occupied at any one time, because the necessity of separation, or the night seclusion of a patient would occur in different parts of the establishment in one night, and they should be contiguous to the dormitory in which the emergency arises.

This increased efficiency of the night nursing would entail a large additional expense; in this instance, it appears, the efficiency has been sacrificed to economy, and indeed, to carry out in the existing form of asylums, the efficient



system of night nursing, would nearly double the cost for the board and wages of the nurses ; and without considerable modification of the building a really efficient night attendance could not be given without even a larger expense.

While, therefore, the wards considered as day rooms involve by their peculiar construction and arrangement an unnecessary expense, the dormitories to be properly attended would render necessary such a large staff of nurses, that the expense has precluded hitherto the accomplishment of what I consider an efficient system of night nursing ; and indeed, in a building constructed in the type of those now existing, the increase of the staff to double the number, would scarcely perform the duties to the extent which ought to be considered a perfect system of night nursing.

But in a building constructed for the purpose, and on a plan to meet the difficulties both of day and night attendance, I believe, that not only could all that I have described be readily accomplished, but also at an expense not greater, and probably less, than is now required.

To accomplish this, not only would the building have to be on a peculiar construction, but the entire system of government would be required to be altered.

The extent to which this paper has already reached, will allow me at present merely to give an outline of the scheme by which I consider this might be accomplished ; but the details of which I must leave to another opportunity.

I will suppose an asylum for both sexes is required for 1,000 patients. There is first the grand division into the male and female department. There will be certain offices required common to the two sexes, as chapel, entertainment room, kitchen, &c. ; these, with the residences of the chief or superintending officer, should occupy the central division ; sub-officers apartments should occupy the centre of their own divisions. The wards for each division may be divided into two classes : those for the occupation by day, and those for the night, and lastly, a ward on each side for an infirmary or sick ward. The day duties and the night duties being distinct and different, the day and night attendants should be separate staffs of servants, and the portion of the building devoted to their duties, distinct and separate. The day rooms would be in occupation at one time ; they should therefore all be brought close together. The same holds good with the dormitories. The day rooms may be all on the ground floor ; the workshops, the halls for the amusement and relaxation, the garden, the airing court, the skittle ground, all in close proximity, these

may communicate freely with each other; the rooms should be large, unobstructed by recesses; the airing courts roomy, flat, or at all events allowing a full view over the entire surface at one time.

During the day, the time would be thus divided into hours for the meals, for the employment, and for relaxation; each of these divisions should occupy fixed hours; that during the hours of relaxation and meals, the workshops should be closed, and *vice versâ*. The attendants would be stationed where the patients were at the time, that is, at one time in the dining hall, at another in the places of relaxation or amusement, at another hour in the workshops. To overlook and superintend a number of patients all collected thus together, and not scattered about over a wilderness of wards, a smaller staff of attendants would be required.

During the time allotted to occupation, amusement should cease; and during the hours devoted to relaxation and amusement, occupation should cease throughout the whole establishment, and the parts of the building devoted to each should be entirely vacated and closed. During the day, the dormitories should be empty; during meals all the day rooms should be abandoned, and thus by keeping all the patients together, the attendants could follow them from one department to another. The same attendant would follow the patient in this manner from the day room to the airing court, from the airing court to the workshop or apartment of occupation, from this to the dining hall, and from thence to the entertainment rooms; and the changes should be at fixed hours; and by this means, the time and duties of the day attendants could be greatly economised, and such a pecuniary saving effected, as I am of opinion would fully meet the cost of a much larger number of night attendants.

The day nurses would go off duty at the hour of retiring to rest, 8 or 9 o'clock. The night nurses would take the duties at the same hour.

By having the dormitories all on one flat, and all freely communicating with each other throughout the whole of one department, male and female, the number of nurses required would be reduced to the lowest. Supposing the sleeping rooms occupied the whole of the front floor of the building, by making the wards double wards, say 44 to 48 feet in width, and divided down the centre by arches and dwarf partitions, so that there would be four rows of beds down each ward, the patients would be brought into as compact an area as possible. Further, if these dormitories were arranged somewhat in the

form of a cross, of which the different branches or limbs of the cross were of unequal length, and the nurses' apartment was stationed at the point of intersection in the cross, then, in the arrangement of dormitories thus formed, the larger rooms could be devoted to the quieter patients, and of these the quietest would be placed the furthest off. The smaller division could be given to the epileptic and the refractory, and those requiring the more frequent attendance of the nurse. The sleeping rooms could be kept at the proper warmth; they should be lighted at night, and there should be in close proximity to all the wards smaller or single rooms, wherein to place a noisy patient becoming refractory in the night. I am disposed to believe, that in most asylums in which chronic cases form the majority, that about twelve night nurses would be sufficient to give a proper attendance to 500 patients during the night, provided that the building was arranged so that a easy communication could take place between all the wards. These nurses would come on duty at 8 at night, and remain to 12 on the next day; but the most of the patients would leave the dormitories by 7 or 8; the rest of the time the nurse's duty to be confined to making a report, to have the dormitories cleaned and purified, a certain number of patients being allowed as cleaners; the night nurses should be expected to retire to bed before 1 o'clock.

By this scheme, the saving in the number of attendants by day would suffice to supply a large and efficient staff of nurses by night, and no increase of expense would be incurred; and what is also important, a very considerable saving would be made in the original building of an asylum, on the plan here indicated. The large dining rooms, the dormitories not divided up into innumerable small cells, could be built at a cost greatly below the present description of asylum. From various data, and from actual estimate of the cubical contents of a building planned on this scheme, I am disposed to submit, as a deliberate opinion, that an asylum could be built for from 500 to 700 patients, at a cost not exceeding £120 to £150 a bed.

It may be urged, that by making the day rooms away from the dormitories, some portion of the patients' comforts may be encroached upon during the day; some may like to sit in the bedrooms, or lie on the beds. In some asylums this is not now allowed: the bed-rooms are kept locked; but equal comfort, and greater, could be given on the system here described. The day rooms can be fitted up with sofas, couches; they may easily be divided and subdivided to suit all tastes, and give opportunity to any number of patients



making little coteries among themselves. And as an essential part of the whole scheme, I hold it to be most important, that in case of any bodily indisposition on the part of any patient requiring the bed, that such patient should be removed to a sick ward. This sick ward should, in my opinion, be a small hospital, well furnished with every convenience and comfort, and a large staff of nurses.

I have thus but broadly depicted a scheme suited, as I believe, to afford the lunatic the fullest amount of comfort and care, and the advantages of being treated as well as the rational patient in common hospital, and at no greater cost than is now incurred. The details of the management in all its bearings, I have also considered, but for these should they be deemed of sufficient interest, I may claim a space in the pages of this journal at a future period.

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*The Mind and its Tenement; Their Mutual Relations.*

A Lecture by C. LOCKHART ROBERTSON, M. B. Cantab.  
F. R. C. P. Edin., Honorary Secretary to the Association  
of Medical Officers of Asylums and Hospitals for the  
Insane.\*

“A merry heart doeth good like a medicine, but a broken spirit  
drieth the bones.”

“The knowledge concerning the sympathies and concordances between the mind and the body” saith the founder†

\* Not the slightest claim to originality of research is made for this Lecture. It was written for a mixed audience, and I therefore endeavoured to popularize all the physiological bearings of the subject; and it was illustrated by a series of literary quotations, most of which are here omitted. It is now printed with the hope that, the faint outline here traced may recall to the members of this association many important bearings on psychological medicine in the questions here raised.

It is a curious fact in connection with my subject, that in the plays of Shakespeare will be found, scattered at random, a fuller and more accurate description of the effects of mental emotion on the functions of the body, than is laboured out in any scientific work with which I am acquainted; and it may almost be viewed as one of the curiosities of literature, that men of letters should so invariably excel the physiologist in the description of the influence which the mind exerts on the physical system. I need scarcely add, that the limits of one lecture were not such as to embrace even a sketch of all the reciprocal relations of mind and matter. I have merely passed in review a few of the more prominent of these.

† Advancement of Learning, Book ii., sec. ix., (Markby's Edit. p. 103.)

of modern science, in discoursing of human philosophy, or the knowledge of ourselves, as he terms it, is "fit to be emancipate and made a knowledge by itself. The consideration is double: either how and how far the humours and effects of the body do alter or work upon the mind; or again, how and how far the passions and apprehensions of the mind do alter or work upon the body. The former of these," (the influence of the body on the mental state,) continues Bacon, "hath been enquired and considered as a part and appendix of medicine, but much more as a part of religion or superstition. For the physician prescribeth cures of the mind in phrensies and melancholy passions; and pretendeth also to exhibit medicines to exhilarate the mind, to confirm the courage, to clarify the wits, to corroborate the memory and the like: but the scruples and superstitions of diet and other regimen of the body in the sect of Pythagoreans, in the heresy of the Manicheans, and in the law of Mahomet do exceed. . . . The root and life of all which prescripts is besides the ceremony, the consideration of that dependency, which the affections of the mind are submitted unto, upon the state and disposition of the body."

I venture thus to introduce my subject in this quotation from

"The great deliverer, he who from the gloom  
Of cloistered monks and jargon-teaching schools,  
Led forth the true philosophy."

And here I hold it no irreverence to say, that it was as by the gift of a divine inspiration that he was enabled thus to look down the course of time on the track of modern science, and to shadow out, in bold clear outline, the path to that fuller knowledge we have since by slow steps gained of those immutable laws by which the unchanging God governs this world, and guides alike the physical and moral relations of his creation.

There is a twofold division of my subject: first, the influence of the body on the operations of mind; and second, the influence of the mind and of mental emotion on the bodily functions.

It is to this latter division, the influence mental emotion exerts on the body, that I propose particularly to direct your attention. But before doing so, I shall, in the first instance, proceed to make a few observations on the former division, viz., the influence which the bodily functions exercise on the mind, and its operations.

A very short reflection must recall how numerous are the instances in which disordered bodily health influences mental quiet, how pain produces irritable temper, how feverish symptoms prostrate all power of application, how the irritation, often unbearable, robs the gouty subject of all command of temper. Again, the desecration of the body through gross intemperance and drunkenness, and their power of entirely subverting, for the time, man's rational powers, is also too often witnessed.

On the other hand, the happy effects on the intellect of temperance, and bringing the bodily powers into subjection, must also be well known to all here. "When I have a grand design," said Dryden, "I ever take physic and let blood; for when you would have pure swiftness of thought, and fiery flights of fancy, you must have a care of the pensive part; in fine, you must purge the belly." "The thing," said Byron, "which gives me the highest spirits is a dose of salts; but one can't take them like champagne."

In the "*Curiosities of Literature*," Gaubius, a professor of medicine at Leyden, is quoted as giving the case of a lady of too inflammable a constitution, whom her husband, unknown to herself, had gradually reduced to a model of decorum by phlebotomy. Her complexion, adds the Dutch professor, indeed lost the roses which some perhaps had too wantonly admired for the repose of her conjugal physician.

Sir Benjamin Brodie thus observes in his "*Psychological Reflections*":—

"There is nothing more interesting in philosophy, nor more important as to practical purposes, than a just appreciation of the influence which the body exercises over the conceptions and feelings of the mind. Certain conditions of the former induce certain conditions of the latter. This is one of the principal trials to which we are here subjected; and according to our original construction, and some circumstances extraneous to ourselves, the trial is greater to some of us than it is to others. The result may be for good or for evil; and the practical question is, what can we do to promote the former, and lessen, or prevent the latter? A diseased condition of the blood where a morbid poison, as that of small pox, or the more terrible one of hydrophobia, has been admitted into it, will disturb the nervous system in spite of ourselves. But though this cannot, there is much that can be helped. No one having the smallest capacity for observation can doubt the vast influence which the condition of the body has on the temper, and even on the moral character. There are certain states of the general health in which the simplest impressions on the organs of sense may be transmitted to the sensorium with something superadded to them, which produces a painful or uneasy feeling in the mind. There are others in which the effect is opposite to this. Hence we find one individual cheerful and hopeful under adversity, while another is unhappy and tired of life in the midst of all worldly prosperity. We are told on high authority, of the necessity of self-control. We are also told how the effort of self-control may be rendered more easy, by avoiding those sensual indulgences which tend to derange the functions of the animal system. This rule applies not merely to



the profligate and the drunkard. There is many a person in whom a muddled intellect and a peevish temper may be traced to a too great indulgence of the appetite, to eating more than the stomach can digest ; to drinking a bottle, or even half a pint of wine daily, and leading otherwise a lazy and luxurious life, but who would be found to have no contemptible powers of mind, and cheerful spirits, if restricted to a more abstemious diet, and to drinking nothing more stimulating than toast and water."

Throughout the wide bounds of creation, we see this law clearly impressed, that definite and lasting modifications of kind and character result from external influences directed to the purpose. The new varieties of plants and flowers, the changes which cultivation induce, in even the most familiar natural productions, as in the oats and wheat, are evidences of this power of external circumstance to mould nature's forms. So again the influences of civilization, so to speak, on our domestic animals.

But specially in man, with his finely organised nervous system, do we trace this influence of external circumstances, of diet and regimen, of habit of life, of climate, as varying by their agency the mental manifestations, as altering alike the affections and intellectual powers ; and it is chiefly through these relations, that the slow gradual influences for good or for ill, of the "sympathies and concordances between the mind and the body," are to be traced to their source, and the laws which regulate their operations established.

With our present advanced knowledge of the laws of health, I need not pause to shew you how a deteriorated atmosphere, by poisoning the blood, weakens all the intellectual powers of the mind ; how the close, ill-ventilated factory robs the workman of his only capital—his power of application to work ; how drunkenness and crime of every sort flourish in direct ratio to the low sanitary condition of the population ; how, to quote the words of our own Metropolitan, persons immersed in misery and filth are, for the most part, inaccessible to the motives and consolations of the gospel. These, and other such facts, illustrative of the influence of the body on the mind and the affections, are happily now recognized in our legislative provisions for the poor, through the Public Health Act.

A kindred illustration of the moral and intellectual deterioration resulting from a low physical condition, is the reckless riot which, in times of great plague and sickness, is found among the masses of the people. The account of the plague at Florence, in 1348, and of the wild revels when the pestilence raged the fiercest, will be remembered by many in Boccaccio's page, or as reproduced in Bulwer's "*Rienzi*."

Again, the influence of climate on the intellectual and moral development of a people, is a familiar truth which here I can no more than indicate, by recalling to you these lines from the "Song to the Swallow," in the *Princess*—

"O tell her, swallow! that thou knowest each,  
*That bright, and fierce and fickle is the South,*  
*And dark, and true, and tender is the North."*

The climate of the land of our birth we cannot, we would not change, for all the brightness of the sunny South; and its influences for good or ill on our moral and intellectual life, we are well content to abide by. It is rather to physical influences on the mind directly within our control and management, to which I desire to direct attention. The habits of our daily life, our hours, our exercise, our work, our daily meat and drink, all bear a marked influence on our mental health. And if these daily incidents of life so affect our truer being, and if by regulating aright their influences, we can aid the soul in her higher hopes, and mould life to its fitting aims, the question I am sure will at once, without much further amplification (which indeed time will not permit of), commend itself to your consideration. The poet's thought—

"Shall I not take care of all that I think,  
 Yea, even of wretched meat and drink,  
 If I be dear to some one else?"

when hereto applied, gains a wider and a higher meaning.

One of the most remarkable illustrations of matter upon mind remains yet to be noticed, in the effects produced by introduction into the system of alcohol, opium, tobacco, and other allied drugs. They exert, when rightly used, a peculiarly soothing influence on the mind. Wearied with the vexing cares of life, and worn from our daily toil, how soothing in the calm night is the fragrance of that precious weed. Again when delirium tremens threatens to avenge on the drunkard the broken laws of his being, a single dose of opium may entirely avert the present danger, and restore him to his better self.

The "Confessions of an English opium eater," afford a marvellous record of the effects of opium; of its soothing calming powers when used in moderation, and of the dire results of the abuse of this the most valuable drug we possess.

The following happily put remarks on this subject by Sydney Smith, and which I extract from Lady Holland's recent

biography of him, may aptly conclude this first division of my subject.

"Happiness, he says, is not impossible without health, but it is of very difficult attainment. I do not mean by health merely an absence of dangerous complaints, but that the body should be in perfect tune; full of vigour and alacrity.

The longer I live, the more I am convinced that the apothecary is of more importance than Seneca, and that half the unhappiness in the world proceeds from little stoppages; from a duct choaked up, from food pressing in the wrong place; from a vext duodenum, or an agitated pylorus.

The deception as practised upon human creatures is curious and entertaining. My friend sups late; he eats some strong soup, then a lobster, then some tart, and he dilutes the esculent varieties with wine. The next day I call upon him; he is going to sell his house in London, and to retire into the country; he is alarmed for his eldest daughter's health; his expenses are hourly increasing, and nothing but a timely retreat can save him from ruin. All this is the lobster; and when over excited nature has had time to manage this testaceous encumbrance, the daughter recovers, the finances are in good order, and every rural idea effectually excluded from the mind.

In the same manner, old friendships are destroyed by toasted cheese, and raw salt meat has led to suicide. Unpleasant feelings of the body produce respondent sensations in the mind, and a great scene of wretchedness is sketched out by a morsel of indigestible and misguided food. Of such infinite consequence to happiness is it, to study the body!

I have nothing new to say upon the management which the body requires. The common rules are the best. Exercise without fatigue; generous living without excess; early rising, and moderation in sleeping. These are the apothegms of old women; but, if they are not attended to, happiness becomes so extremely difficult, that very few persons can attain to it. In this point of view, the care of the body becomes a subject of elevation and importance.

A walk in the fields, an hour's less sleep may remove all those bodily vexations and disquietudes which are such formidable enemies to virtue, and may enable the mind to pursue its own resolve without that constant train of temptations to resist, and obstacles to overcome, which it always experiences from the bad organism of its companions.

Johnson says, every man is a rascal when he is sick, not meaning, I suppose, that he has no benevolent dispositions at that period towards his fellow creatures, but that his notions assume a character of greater affinity to his bodily feelings, and that feeling pain, he becomes malevolent; and if this be true of great diseases, it is true in a less degree of the smaller ailments of the body.

Get up in the morning, walk before breakfast, pass four or five hours of the day in some active employment; then eat and drink over night, lie in bed until one or two o'clock, saunter away the rest of the day in doing nothing. Can any human beings be more perfectly dissimilar than the same individual under these two different systems of corporeal management. And is it not of as great importance towards happiness to pay a minute attention to the body, as it is to study the wisdom of Chrysippus and Crantor."

II. The second division of my subject, is the influence which mind and mental emotion exert on the bodily functions.

This influence can hardly escape the notice of the most superficial observer. It meets us at almost every turn of life. The heart beats responsive to the emotions of joy or fear which attend our path, the aching brow tells of the troubled mind, the languid and weary frame points to the broken spirit; and



the flush of pride and conscious beauty, have we not all traced its outward lines at least once in life, and read in the changing colours of one fair face, the prints of "gentleness, vanity, maiden shame?"

And specially to those who have been called to minister to the mind diseased, does it occur in all its wideness, to read the moral and mental causes of disease, to trace how the anxieties of life, its excitements and its cares, record day by day on our frail tenement their workings, and cause often permanent incurable disease, which, reacting on the mind itself, lays reason prostrate.

Indeed, all engaged in the practice of the healing art must, if they would rightly use their gift and themselves attain to any eminence, learn to search out and understand the mental and moral, as well as the material causes of disease. The alchemy of the heart must engage as unwearied study as the chemistry of the blood.

Sir Astley Cooper, in his "Lectures on Surgery," when treating of the causes of that terrible disease, cancer, states "that one of the most frequent is grief or anxiety of mind. It arrests the progress of secretion, produces irritative fever, and becomes the forerunner of cancer. How often have I found (he continues) when a mother has been watching night after night, with anxious solicitude, the pangs and sufferings of her child, and has had the comfort and gratification of seeing its recovery, that in a short time after this she has come to me with an uneasiness of the breast, which, on examination, I have discovered to be cancer. Full three-fourths of these cases arise from grief and anxiety of mind. The mind acts on the body, the secretions are arrested, and the result is the formation of cancer."

Gout is another well-marked instance of bodily disease, called out under strong mental emotion, and remaining almost latent in the quiet retirement of a country life. A single fit of anger has sufficed to produce an acute attack of this disease.

"The physician," says Dr. Forbes Winslow, in his excellent lecture on the Psychological Vocation of the Physician, "is daily called upon, in the exercise of his profession, to witness the powerful effect of mental emotion upon the material fabric. He recognizes the fact, although he may be unable to explain its rationale. He perceives that moral causes induce disease, destroy life, retard recovery, and often interfere with the successful operation of the most potent remedial means exhibited for the alleviation and cure of

bodily disease and suffering. Although such influences are admitted to play an important part either for good or for evil, I do not conceive that as physicians, we have sufficient appreciation of their great importance."

THE INTELLECT, or the Mind, as it is commonly termed, like the body, requires exercise, and neither analogy nor experience warrants the opinion that judicious and moderate exercise of the intellect is in any way prejudicial to the health of the body; indeed, we shall this evening repeatedly have occasion to observe, that all the functions of our three-fold nature, intellectual, moral, and physical, are so intimately united by sympathy, that the judicious exercise of each one, while conducing to its individual welfare, must contribute in a greater or less degree, a healthful influence to every other.

The mind needs occupation; and with a reasonable attention to the laws of health, those engaged in intellectual pursuits enjoy, if not so robust, at least, as uniform health, as those who neglect this greatest source of pleasure. Hippocrates, the father of medicine, died in his 99th year, Plato, in his 81st, Sophocles, in his 95th year, while in the more recent times we see Locke living to 73, Newton to 84, Goethe to 82, and the great Duke to 80. On the other hand, the injurious influence which mental inactivity exerts on health is daily illustrated in the rapid breaking up of the system in elderly persons who retire from the arduous duties of a profession or of business, and who by giving up their habits of mental application become discontented and irritable, the prey to endless disorders, half real, half imaginary. Still the powers of the mind have their limits and hence are liable *to be overtaken*, and this *overstraining* of the intellectual faculties induces bodily disease, both embittering existence and shortening its duration.

The diseases which peculiarly affect those who thus over-exert their intellectual faculties, are head aches and other affections of the nervous system, softening of the brain, hypochondriasis, and epilepsy. Every student is aware that over-reading produces head aches and other nervous affections, as palpitation of the heart, etc. Sir D. Wilkie was often obliged to shut himself up in a dark room because light was too stimulant for his brain; Paganini paid dearly for his great excellence as a musician; while many men of the greatest intellectual activity, as Julius Cæsar, Petrarch, Rousseau, and Napoleon have been subject to epileptic fits. Again, the fancied maladies of literary men

are familiar to every physician, and numerous instances might be adduced in which extreme over-exertion of the intellectual powers in aiming at high university honours has produced permanent insanity. But of the ill results of mental over-exertion, those arising from its application in early childhood are most fatal to the health both of body and mind. If fond parents could only see with a bachelor's eyes, what an object of pity their precious child, with its heavy load of encyclopædia facts, or worse, with its grim burthen of genevan theology, really was, they would, I am sure, suspend the unnatural process and turn it out to grass. The bright sunny days of childhood are meant for joy, and romp, and laughter, and our efforts to turn them into hours of mental toil and application result in a precarious stunted intellect, reaching early the narrow limits of its power, and in a weak sickly frame deprived of all that manly vigour, which the healthy tone of our public school system, based on the physical education of the body, imparts. Moreover, the thing is not to be done with all our efforts. Mental power by which, more than by mere knowledge and learning, men differ from each other and excel in the race of life will not thus be forced. It is the fruit of the discipline of life as well as of the teaching of the schools, and in the first instance, will be formed better by the mother's gentle controlling sympathy in the daily events of childhood, and by the full enjoyment of its living pleasures—pleasures the dim after years can never recall—than by all the dismal drilling of the school room.

Again, a truth the forcing system entirely overlooked, beyond the development of the intellect by the acquirement of knowledge, the will must be sanctified and the affections purified, before the child is fitted by education to do its work in the vocation in which it may please God to call it.

Charles Dickens, with that sympathy for the right, and that insight into life which so marks his writings, has in *Dombey* very happily hit all the errors of the select private school forcing system. Speaking of Dr. Blimber's establishment, which I daresay you all recollect, he says,

“Whenever a young gentleman was taken in hand by Dr. Blimber he might consider himself sure of a pretty tight squeeze. The Doctor only undertook the charge of ten young gentlemen, but he had always ready a supply of learning for a hundred on the lowest estimate; and it was at once the business and delight of his life to gorge the unhappy ten with it.

“In fact, Dr. Blimber's establishment was a great hothouse, in which there was a forcing apparatus constantly at work. All the boys blew before their



time. Mental green peas were produced at Christmas, and intellectual asparagus all the year round. Mathematical gooseberries (very sour ones too) were common at untimely seasons and from mere sprouts of bushes under Dr. Blimber's cultivation. Every description of greek and latin vegetable was got off the driest twigs of boys under the frostiest circumstance. Nature was of no consequence at all. No matter what a young gentleman was intended to bear, Dr. Blimber made him bear to pattern somehow or other. This was very pleasant and ingenious, but the system of forcing was attended with its usual disadvantages ; there was not the right taste about the premature productions, and they didn't keep well. Moreover, one young gentleman with a swollen nose and an excessively large head (the eldest of the ten, who had gone through everything), suddenly left off blowing one day and remained in the establishment a mere stalk. And people did say that the doctor had rather overdone it with young Toots, and that when he began to have whiskers he left off having brains."

THE PASSIONS, whose influence on the body I would more particularly now refer to, are medically speaking of two kinds, depressing or exciting, sedative or stimulant, and exercise a direct influence on the functions of life, the results attending their operation being often as rapid and as apparent as those following the administration of the most active medicines.

Dr. Marshall Hall has well observed, that not a thought, not a feeling, and especially not an emotion can occur without its being impressed on the various parts of the animal frame. Hence arises the science of the anatomy of expression in which every feature of the countenance, every limb of the body is involved ; hence arises a peculiar department of the science of medicine involving a thousand changes and affections of the heart, the stomach, the secretions, etc., etc., with which the practical physician must be intimately acquainted. It has been supposed that each emotion acts on some special function or organ of the body ; thus, fear and joy seem to act most obviously on the heart ; surprise, on the respiration, and again, others as grief, on the digestive functions. We shall find, says Dr. Bostock, a clear indication of this connexion in our common forms of speech, which must have been derived from observation and generally recognized before they could have become incorporated with our language. The paleness of fear, the breathlessness of surprise, and the bowels of compassion, are phrases sanctioned by the customs of different ages and nations.

The injurious influence of an over-excited imagination on the health deserves here to be noticed.

Many, unsatisfied with the tameness of real life, create for themselves an unreal world and please themselves with the imagination of delights and joys, alone woven by bright fancy. These efforts of the imagination they duly foster by

the reading of novels, of sentimental poetry, as Moore, Haynes Bailey, and other such mild effusions, to the neglect of all intellectual cultivation. (See the Diary of a late Physician, "The Spectre smitten.")

This undue excitement of the feelings by the wild dreams of the imagination, reacts with a morbid influence on the various functions of the body; and if the habits are at the same time sedentary and retired, a train of moral and physical infirmities, known under the name of the nervous temperament is the result, a temperament of which the poet, painter, and musician are very often the subjects.

Hence also arises hysteria in its endless forms, wearying the patient and all around her, and perplexing the physician by the variety of disease which it simulates; itself often ending in confirmed insanity. Not to refer to my own limited experience of the trying, confusing forms of hysterical disease, I would just in warning quote a strong remark of Sir Benjamin Brodie's from his Surgical Lectures: "I do not hesitate, he says, to declare that among the higher classes of society, at least four-fifths of the female patients who are commonly supposed to labour under diseases of the joints, labour under hysteria and nothing else."

Violent grief produces a feeling of oppression in the breathing which is almost insupportable; and it induces actual pain in the region of the heart, doubtless affording the origin of that too true designation, the heart-ache. It also causes a spasm in the throat, hence the common expression to choke with sorrow. It likewise suspends the flow of saliva, rendering the voice thick and husky.

The influence of this emotion on the appetite is not less remarkable. I need scarcely recall to you the well known words addressed by Henry VIII. to Cardinal Wolsey :

Read o'er this,  
And, after, this; and then to breakfast, with  
What appetite you may.

Sometimes the action of the heart is completely suspended by violent grief, and death ensues. Dr. Hope, in his work on Diseases of the Heart, relates the case of a young married person in sound health, who on receiving the intelligence that her husband had deserted her, fell into a state of almost complete insensibility, and the violently bounding, jerking, and thrilling throb, together with universal flushing, heat, and perspiration of the surface resisted every remedy, and only subsided with the wane of life.

All recent pathological investigations tend to prove that

continued grief may produce permanent heart disease. The long drawn sighs which mark profound grief are but the effects caused by the reduced action of the heart, and the consequent engorged condition of the lungs to "cleanse the fraught bosom of that perilous stuff that weighs the heart withall."

Beyond being a frequent exciting cause of cancer, as I have told you on the authority of Sir A. Cooper it is, anxiety is further followed by a series of nervous symptoms of a most distressing kind. The patient's sleep is broken, troubled dreams disturb his rest, the morning's refreshing hours find him unrested, worn and weary, a sense of langour, and dull heavy pain paralyze every effort at exertion. Loss of appetite, impaired digestion, (and the misery of indigestion only those who have personally known it can tell), head-ache and drowsiness further tend to unfit him for his daily labours. The action of the heart is also disordered, palpitations and faintness lead to the fear that heart disease in its organic form is present. There is an anxious expression about the sufferer, which, to the practised eye tells without farther enquiry, the too common story of the poor; present want, broken health, and lost employment, and worse, in their undermining effects on the bodily health, rising in dark array, all the terrors of the unknown future. The wife and little ones how shall it fare with them, when he is gone to that only rest from toil the poor can turn to, when that long night that knows no morrow shades at last this weary strife?

Insanity is not unfrequently the result of this over-anxiety and distress of mind. I can refer you to no more beautiful illustration of the progress of mental disease through anxiety and distress, than the course of Margarite's fate in Göethe's *Faust*. We first meet with Margarite in the sunny days of youth—no thought of care or ill—singing as she goes to her maiden couch, the German nursery story of

"Es war ein König in Thule," &c., &c.

Then come the care and sorrows of love, and her song takes a sadder note—

"Meine Ruh ist hin

Mein Hertz ist schwer," &c., &c.

And deeper yet grows the grief, and sorer the wear of health, when after her confession

"Und bin nun selbst der Sünde bloss,"

the bitter penitential psalm comes from the broken heart.



“Ach neige

Du Schmerzenreiche,” &c., &c. ;

while later in the scene in the prison, when awaiting the sentence of the law for her child's and mother's murder, her mental distress ends in mental disease ; and one shudders to hear the gentle singer whose girlish notes and maiden loves fell so brightly over the early part of the tale, now in the broken wanderings of a mind diseased, chanting from out her cell—

“Meine Mutter, die Hur’,

Die mich umgebracht hat ! ” &c., &c.

Again in the farther interview with her betrayer, when he urges her to flight from her impending sentence, glimmerings of reason flash with such painful truthfulness through her wandering talk, the doubtfulness even of his identity, the confusion of her past sins, and of her earlier and holier days of love, her callings for the child, as if alive, which yet her own hand had killed, are all traced with perfect psychological accuracy. I know no truer picture than this in the range of my reading, of insanity consequent on mental wear and anxiety.

Even in less aggravated instances, the wear of life from anxiety is, alas, too familiar for us all. Sorrow also killeth many people, and melancholy consumeth marrow and bone.

Under the influence of fear, the whole muscular system, involuntary as well as voluntary, is relaxed and unstrung, the skin is chilly damp.

“I have a faint, cold thrills through my veins,

That almost freezes up the heat of life.”

The circulation also is hurried and irregular, the blood is unequally distributed, the breathing is short and rapid, or takes place in intermitting deep-drawn efforts, and the nervous system is in a state of utter exhaustion, every limb trembling, every muscle unstrung.

Such are the immediate effects of strong fear upon the body ; those produced by the emotion when less intense, but longer continued, partake of the same depressing and enervating character. We cannot, therefore, be surprised at its morbid influence. One of the effects of this passion is, that it renders the system unusually liable to the infection of contagious diseases ; indeed, the influence of fear alone may produce disease in one in good health.

Bouchet informs us that the physicians of Montpellier had two criminals delivered to them every year for dissection. On one occasion, they tried what effect would follow from

the mere expectation of death in a perfectly healthy person. They told the subject of their experiment they would take the easiest method of destroying his life, by opening his veins in warm water. They therefore blindfolded him, pinched instead of lancing him, and then continued to speak to each other, as if they saw the life and blood ebbing together. The man sat still; they uncovered his face and found him dead.

The late Dr. Baddeley, in his Lumleian Lectures before the College of Physicians, in 1851, narrates a similar instance. There is, he says, a case of fatuity at this time at Highbeach, in one of the asylums which I visit, owing to the patient's being frightened at school by a mock trial of him for stealing a knife from one of his schoolfellows; they pretended that they were going to hang him: he escaped, and hid himself for some hours in a ditch, where he was found idiotic.

And as with fear, so is it with excessive joy.

In moderation, the emotion of joy exerts a healthful influence on the body: the pulse bounds more lightly, the colour brightens, and every function seems to be gladdened by the happy frame of mind. The common expression, therefore, of the heart being light and leaping with joy is physiologically true. Shakspeare thus testifies to the healing effects of joy in *Coriolanus*. "A letter for me? says Menenius, it gives me an estate of seven years' health, in which time I will make a lip at the physician; the most sovereign prescription in Galen is but empiricutick, and, to this preservative, of no better report than a horse-drench."

Many instances have been related of sudden joy, by suspending the action of the heart, proving at once fatal, even as Pindar fears

"Lest this great sea of joy rushing upon me  
O'erbear the shores of my mortality,  
And drown me with their sweetness."

The influences of sympathy on the body, afford another very good illustration of the power of the mind on health. The sympathetic propagation of nervous affections, especially hysterics, and other convulsive disorders, sometimes observed amongst females in crowded assemblies is, in a great measure, attributable to the alarming influence which such sudden seizures exert upon susceptible minds, and to the tendency in the nervous system to assume, when morbidly excited, those types of disorder to which surrounding circumstances may have predisposed the system. In the field preachings, and in various chapels throughout this country and America, 50 or 60 persons have often, in the course of a few minutes,

been under the influence of the most powerful convulsions, owing to the manner in which the mental emotions have been excited by the preacher, and the accidental seizure of a single person with hysteric convulsions.

Again, the reviving influence on the sick, excited by the sympathy of relatives and friends, must be known to all. The peace and calm which the knowledge of this sympathy sheds over the sick bed, appears in a most marked degree to predispose the system towards a favourable termination of the malady; while on the other hand, the depressing influence of the cheerless bed of a large hospital ward, and the injurious effects which it exerts on very many diseases, is a fact most hospital physicians must have observed. Nay, has not the experience of the war we are now engaged in, and the mournful tale, as revealed by *The Times* correspondent, of our men dying like sheep on the hill side, unnoticed and uncared for under the deadly routine management which prevailed, and the light of healing which, in such bright contrast fell on these dismal wards of death and suffering, when Florence Nightingale, and her devoted sisterhood, brought woman's soothing offices to the rescue, proven this same truth? We are told that the stern soldier, in his deep-felt gratitude, kissed the very shadow of that slender form as it fell aslaunt his weary bed, with healing on its track; and again, how that new hope and new life was given by that gracious letter of womanly sympathy, in which the Queen asked of how it fared with her wounded soldiers, and which in their rough art, in letters of the gayest colours, they painted on the walls of every ward, a lasting handwriting may it prove against that dead spirit of routine which has hitherto so paralysed the efforts of my late professional brethren in the army.

Akin to this effect of sympathy on the sick is the influence of hope on the progress of disease. Celsus long ago urged the Roman physician to cheer his patient *probabili sermone*, with likely words of hope; while a poet of his people tells us

“Sunt verba et voces quibus hunc lenire dolorem

Possis, et magnam morbi deponere partem.”

In thus concluding this slight survey of the relations subsisting between the mind and its tenement, it will, I hope, suffice to point to one great lesson which I wish to be drawn from this evening's lecture, that in the enjoyment of all God's gifts—physical and intellectual pleasures alike—the bounds of moderation must be observed. Moreover, God's world is, as we have seen, governed by laws very able to avenge their



own breach. Every faculty which is a receiver of pleasure, has an equal penalty put on its abuse. It is to answer for its moderation with its life. Punishment is a fruit that, unsuspected, ripens within the flower of the pleasure which concealed it. Cause and effect, means and end, seed and fruit, cannot be severed; for the effect already blooms in the cause, the end pre-exists in the means, the fruit in the seed.

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*On the Terms Delusion, Illusion, and Hallucination*, by  
J. H. BLOUNT, M.B., &c.

I.

It would seem rather superfluous to remark, that no science can be definite or precise, whose *terms* are undefined and inexact, and that it behoves the student in any science, to understand the terms employed, before he can master his subject; more especially is this the case, where the subject treats of abstract qualities and ideas, whose fundamental terms, themselves expressing abstracts, require defining from the very beginning: and yet, the difficulty I have met with, and which others have experienced in those terms which form the subject of the following remarks, will perhaps shew that such precision is not so universally observed as is supposed.

For example, in the science of mental medicine, the inexactitude of some of its chief terms, and the carelessness with which they are constantly misused, may be said to shew how inexact is that science, and may also be one reason why we borrow so much from our continental neighbours.

What is insanity? is a question too often asked, and too often answered in vain by our best psychiatric physicians, for me to attempt its definition; but when its terms are undefined, it is not likely that its general definition should be over above clear. However this may be, the phenomena of insanity may be divided into disease of body, and aberrations of the intellectual and moral powers; and it is the use of the terms expressive of these latter phenomena, that is so unsatisfactory and confused, a sort of confusion that is not uncommon in our language, and to which, perhaps, both its formation and nature may lead. But because it is so, is no reason why it should remain so; while the use of various and different terms promiscuously, to express the same fact, must eventually

lead astray, and is indeed but an idle display of ignorance under the appearance of knowledge.

The terms, to which I refer, are *delusion*, *illusion*, and *hallucination*, and notwithstanding the apparent great variety of intellectual aberrations that are met with, a close study of their external manifestation will shew us, that they may be reduced to a few species, and that in fact the above three terms may be said to include, nearly, if not all of them. But there are two points of view, in which these terms are always being confused; first, in their psychological nature and cause; second, in their external manifestation and definition. A patient is before you, and you notice an irregular, or an insane mental action; the question then arises, how are you to describe and classify this action? Are you first to investigate its intimate nature, whether it be a psycho-sensorial, a pure sensorial, or a pure psychical action, and then with more theoretical than practical knowledge, determine its signification and name; or are there no general or even external manifestations, upon which a sufficiently correct definition may be founded? These two questions form very different subjects for consideration, and it is from their not having been kept sufficiently separate, that naturally has arisen the confusion of which I speak.

Theoretically, all distinctions and definitions of terms may appear clear, when practice shews that they are not so. Every one is aware of frequent difficulties in deciding upon and naming mental manifestations; but it is on account of these very difficulties that we require some rule, some established definitions, which will place the phenomena observed in their right place, and which will be equally well understood by all. Nor is it intended to give to the phenomena expressed by the three terms above mentioned, an undue importance in the study of insanity; the more closely they are studied, the oftener they will be found to merge one into the other, and each, though frequently found combined with the others, is yet as frequently found alone; still, whatever may be their symptomatic importance, there can be no doubt that for the sake of the science itself, if for no other reason, clear and established definitions are required; and that such are necessary will be seen from the evidence, which we shall presently notice, as given in a late celebrated trial. And every one who has received patients into asylums, and has studied the certificates required on such occasions, will agree to their importance. Also, judging from the confusion everywhere existing relative to these terms, at least in our own authors, I should not expect

to find much equality of use, or uniformity of meaning in the case books kept at our public asylums, which is much to be regretted, as here there ought to be an immense fund of practical experience upon the subject.

## II.

Before noticing the confusion we have stated to exist, we must disabuse our readers from expecting any really new definitions of these terms; the fact is, that in our study of insanity, we have been as much pleased with the general clearness in the use of these terms in all the French works we have studied, as we have been disappointed in our own authors. We have then done little else than take the evident French signification of these words (with a slight exception in the word *delusion*), and have endeavoured to shew that with that signification, their general use is simple and easy, and that their definition depends as much upon external manifestation as psychological nature. The signification then, of these terms, as we have found them, may be thus expressed :

ILLUSION.	Se tromper à propos d'une sensation réelle	} Perception.
HALLUCINATION.	Eprouver une sensation sans objet extérieur	
DELUSION	<div> <div> Conception délirante Idée délirante </div> <div> } Se trouver à propos d'une idée </div> </div>	} Conception.

Keeping this formula in mind, we will proceed to notice how these terms are used by various authorities and authors.

In the work "An Expository Lexicon of Terms in Medical and General Science," now in course of publication by Dr. R. G. Mayne, the word *delusion* does not occur; *illusion* is given as "a deception, false appearance, or mockery, a *hallucination*;" and *hallucination* as "term for a mental error, mistake, or foolish imagination"; from which exposition, we certainly cannot deduce any very distinctive characters.

I need only refer to the chapter on "the insane state in general," and the division on the "errors of *perception*," in "Sir A. Morison's Lectures on Insanity," to point out how great a confusion exists even in his work, on the use of the terms *illusion* and *hallucination*; although it is evident, that with a little more care this confusion might have been avoided.

I do not know a work upon insanity in which the terms in question are less used, and as it were, more avoided than in Dr. Noble's Psychological Medicine; he remarks that "the analytic investigation of insanity becomes facilitated by the correlated psychology, and by it the exposition of symptoms is rendered more clear." And yet, Dr. Noble uses no terms



for psychological symptoms. for morbid sensations, perceptions or conceptions; I might almost say that the word hallucination scarce occurs in the whole work, except in a quotation, and yet his division of the varieties of insanity depends upon mental manifestations,—we have “*mental illusions* ;” and the oft quoted and celebrated example of hallucination, that of the bookseller Nicolai, of Berlin, is noticed as an example of “*visual illusions*.”

In Sir B. Brodie’s work, “*Psychological Inquiries*,” the term *illusion* is the only one employed, and includes perverted sensations, delusive ideas, &c. (See pp. 83—90, &c.)

In *The Psychological Journal* for last July, we find most ably reported, the trial of Buranelli, for the murder of Mr. Lambert. In his evidence on this case, Dr. A. J. Sutherland makes a confusion between what he calls the *illusion of hypochondriasis*, and the *delusion of insanity*. The former has a ground and reason of belief with the judgment *not* involved; the latter has no foundation, and the judgment is at fault. The former is objective; the latter (presumably) not so.

In *The Asylum Journal* for January, 1856, Dr. Sutherland speaking of delusion says, “in its popular signification, it is synonymous with mistake; in its scientific meaning, it is *not* delusion unless it be accompanied by insanity.” Thus insanity must (scientifically) prove the delusion, and delusion can in no way lead to the proof of insanity; besides, this is no meaning of the term delusion.

At the same trial, Dr. Mayo makes *delusion* as not necessarily an insane symptom, and is so far correct; but he requires that *delusion* shall be a false perception, and that circumstances shall not justify the *idea*. “The false perception, which is a real *delusion*, has no ground.” We cannot admit this evidence as correct, nor can we either agree in Dr. Forbes Winslow’s critical remarks upon it, in as far, at least, as it regards the use of these terms. He states, “What Drs. Mayo and Sutherland term ‘sane delusions,’ and ‘healthy hallucinations,’ we should designate as mere errors or *deceptions of sense*. As long as the judgment retains the power of correcting the false impressions made through the sensuous organs upon the brain, the notices thus conveyed to the mind cannot, in scientific phraseology, be called either ‘illusions,’ ‘delusions,’ or ‘hallucinations;’” and again, “that it is an abuse of language to call the incidental and transient deceptions of any of the senses either illusions, delusions, or hallucinations.” First, the terms “sane delusions,” and “healthy hallucinations,” are certainly contradictions, and far from being scientific terms; but if Dr.

Winslow means, in the above quotation, to assert that the phenomena called illusions, delusions, and hallucinations do never exist in sane persons, we cannot agree with him. The "incidental and transient deceptions" that "reason dissipates," were not transient when we were young, and judgment as yet undeveloped. History, in general, will give us numerous examples, and the experience of every man's life will give instances where these phenomena have occurred without an insane state. M. Brierre de Boismout, in his work on "Hallucinations," says, "The first project of this book is clearly then established; we wish to protest against the hypothesis which makes hallucination a constant symptom of insanity." The same author gives us numerous examples of illusions taking place in sane persons. But Dr. Winslow confirms our view of his opinion, by his conclusion of the sentence we have quoted from him: "but they (*i.e.*, delusions, &c.,) become so when they are extravagant and unreasonable in their character, and the judgment ceases to operate in rectifying the false ideas, and the conduct is evidently influenced by them." From this, it is evident that Dr. Winslow restricts these three terms to the science of mental medicine; and yet he acknowledges that the same phenomena may occur in the sane state, though "incidentally and transiently;" upon which we would suggest that, *e.g.*, an illusion must be an illusion, whether the judgment and reason confirm it or not, whether it be a symptom of insanity or not. Nor can we agree with Dr. Winslow in his opinion, that "in a court of justice, the terms illusion and delusion should always be used synonymously; and the greatest caution should be exercised not to mislead and confuse the jury by the use of pedantic phraseology, or by attempting to draw, whilst in the witness-box, precise psychological distinctions between words conveying a recognized popular signification." In the first place, the pedantic phraseology could only arise from making the very mistake we have remarked upon above, by giving to the jury a theoretical, and psychological, and metaphysical definition, instead of one easy to be understood, and drawn from outward manifestations, which could in no way mislead the jury. In the next place, it is not the bare existence of either delusion, illusion, or hallucination that proves a person to be insane, unless, as Dr. Winslow advocates, these terms are only and solely used as terms for insane symptoms; for there must be concomitant and collateral circumstances, giving these phenomena their peculiar signification as insane symptoms, of which the medical witness gives evidence, and from which

evidence the jury decide ; so that again there could be no confusion in relation to these terms to the jury. And lastly, if these terms have reference to different phenomena, surely Dr. Winslow would not advocate that they be used synonymously, nor would the legal cross-examination permit the jury to be so blinded ; certainly not. Either, then, these terms have different significations, and should be properly used, or they have not ; when two of them had better be at once placed among the obsolete terms, and forgotten.

The midnight student sees his door open, and an old woman in a red cloak, approach and stand before him. He regards her attentively, and sees every feature plainly, while waiting to be addressed ; but this not happening, he addresses her himself, when, lo ! the vision vanishes. What would Dr. Winslow call this phenomenon, which occurred to the writer when a student in London ? A simple hallucination of sight, or an incidental and transient deception of the sense of sight ? If the latter, is it a *conception*, or a false *perception*, of the sense of sight ?

Scattered through the various writers on insanity every here and there, these terms seem to occur with a distinctive character ; and then again, a few pages further, and each term is found with quite a different signification, so that it is impossible, in any English work, or from the mass of them, to deduce any precise or distinctive definitions for these terms.

In Dr. Reynols new work on "The Diagnosis of Diseases of the Brain, &c." we find that, *mental delusions* constitute "the pathognomonic features of insanity,"—*sensorial illusions* are, "the simple distortion of actually existing sensorial impressions,"—while hallucinations differ from both the above chiefly, if not only, in their relations to intellectual belief : from mental delusion because, although the phantasms may have all the appearance of reality, their objective existence is not believed in in the former, but in the latter ; and from sensorial illusions, by the former corresponding and occasioning a distinct mental picture, independent of objective impression ; while the latter have no definite or intellectual form, produce no intellectual change, and frequently depend upon external causes. From all which we infer, that these terms only express gradations in the belief and effect of the same phenomena. Illusions inducing "no intellectual change except that of annoyance, &c.," while the pictures of hallucination are clear, but not objective, and unbelieved in, ascending to delusions by a belief in their existence arising, and influencing the conduct.



## III.

In aberration of the moral and intellectual powers, the various faculties, when taken separately and individually, which ought only to be done for the sake of science, are said to be either exalted, enfeebled, or lost, or else perverted. But a great distinction must be made between the various faculties, when considered in this respect; thus certain of them, those called simple (*e.g.* memory) cannot be perverted, but only exalted or enfeebled; whilst in others, those called complex (*e.g.* perception), which are, so to say, the product of two or more factors, we can understand how there can be a perverted, as well as an exalted, or an enfeebled state. Feuchtersleben, in his celebrated work, says, "Altered, and in that respect diseased, *memory*, is a problematical anomaly;" and Morell in his "Elements of Psychology" says, "The smallest consideration will be sufficient to shew us that, admitting the existence of material impressions, and even images, on the organs of sense, yet the succeeding perception must involve the co-operation of another factor, which will greatly modify the succeeding result."

This characteristic also extends to the ideas; thus, M. Brierre de Boismont says, "persuaded that the primitive ideas cannot be altered, that their essence, their type, does not experience any injury in insanity, we believe, that sensational ideas, (the most numerous, it is true), are the exclusive material of alienation; and if the superficial observation of facts seems to shew that the former are sometimes drawn within the fatal circle, a more attentive examination will prove that it is only their sensible form, which the imperfection of our nature obliges us to give to immaterial things, that is really implicated." Regarding our subject from this point of view, we may affirm, that the chief, if not all, the forms of mental aberration may be said to arise from either perverted perception, or perverted conception; perception relating to present sensation, and conception to the recollection, combination, judgment, and abstraction of past sensations. This explanation is imperative, for not only are the terms delusion, illusion, and hallucination everywhere confused one with another, but they are, at the same time, confused in their relation to the faculties of perception and conception, being used indiscriminately with regard to either of them.

We consider then, that illusion and hallucination are erroneous perceptions, and that delusion is erroneous conception.

The following quotation from Celsus may apply here. "Hujus autem ipsius species duæ sunt, nam *quidam imaginibus*

*non mente falluntur ; quales insanientem Ajacem vel Orestem percepisse poëtæ ferunt, quidam animo desipiunt.*"

Previous to the time of Esquirol, there was no especial distinction made between the erroneous perceptions, illusion and hallucination, and, as is often the case still, illusion was considered a *sensorial* as distinguished from a *mental* hallucination. Esquirol noticed this confusion "The moderns have confused hallucinations with illusions, distinguishing them into mental hallucinations (visions) and sensorial hallucinations (illusions of sense). These authors have not sufficiently appreciated the difference which exists between these two orders of phenomena ; in hallucination everything passes in the brain," "the visionary gives an actuality to the images, to the ideas, which memory reproduces without the intervention of the senses ; in illusions on the contrary, the senses are active, impressions actually solicit the reaction of the brain, these patients actually deceive themselves as to the nature and the cause of their actual sensations." Again "These latter (illusions) suppose the presence of an external object, or lesion of the sentient extremities, whilst in hallucination, not only is there no external object actually acting on the senses, but sometimes the senses themselves are destroyed."

However much, this distinction established by Esquirol, may have been at first purely theoretical, and the result of the philosophy of Locke and Condillac, which existed in France at the commencement of the present century ; yet this distinction has been continued up to the present time ; thus, M. Brierre de Boismont, whose philosophy we judge of from the expression "au spiritualists dont nous sommes fier d'être le disciple," gives illusion as "the false appreciation of real sensations," and hallucinations as "the perception of the sensible signs of the idea ;" "in the first there is a material object for base, in the second the images are purely cerebral."

Dr. Falret says, "we do not believe, at least in the immense majority of cases, in lesions of the senses in illusions, but we do admit the existence of an external impression in the one case, and its absence in the other."

Feuchtersleben, in his Psychology, says, "They are either abnormal in manner, that is, the senses represent, indeed, to the consciousness the objects really existing, but differently from what they are,—illusions ; or in their relation, that is "the senses convey erroneous relations, they represent to the consciousness as an object, what is only a subjective process,—hallucinations." In the next paragraph, he adds, "hallucinations of the sight are perceptions of light in profound dark-

ness." Again, "In illusions we have chiefly to consider the *external occasion*, and the psychical individuality; in hallucinations, the *organic condition* and the somatic personality."

A superficial consideration might lead to the supposition, that hallucination should be classed as a false conception, rather than as an erroneous perception; but the peculiar phenomenon of hallucination is, a present sensational experience, and cannot therefore be confused with conceptive ideas, which have no perceptive form or figure. "Hallucination," says M. Michea, "always and necessarily implies the appearance of an external object, of a concrete phenomenon, of a material reality." And Burdach, in his "Physiology," speaking of hallucinatory images, says, "We see them really; we have in the eye the same sensation as if an external object was placed before the living and open eye."

#### IV.

This brings us to the consideration of erroneous conception, and here we again quote M. Boismont, that we must "not confound *false inductions* with illusions. The delusive conception (to which we would restrict the scientific meaning of delusion), is not indeed a sensorial illusion." The general and popular signification of delusion includes all deceptions, both objective and subjective; but the French have not the word delusion, and it is in translating such terms as "*conception délirante*," and "*idée délirante*," that the distinctive and scientific meaning of the term delusion has seemed to be so characteristically applicable. Nor is the Latin derivation of the term, considered in relation to its signification, so applicable. Thus we have the words *deludo* and *delusus*; but no noun analagous to *illusio*. For many of the popular meanings of the word delusion, we have the Latin term *præstigia*.

Crabbe, in his "Synonyms," says, "The ignorant are perpetually exposed to *delusions*, when they attempt to speculate upon matters of *opinions*. The idea of ghosts and apparitions is mostly attributable to the *illusions* of the senses and of the imagination." From which it would seem that this distinguished authority evidently separated the *delusion of opinion* from the *illusion of the senses*, or the *hallucination of the imagination*.

The following case, which I have just taken at random from M. Brierre de Boismont's work on "Suicide," will give an example of the especial meaning we would give to the term delusion. "M. P., 36 years of age, was so vividly affected by the loss of a tenderly beloved wife, that he fell into a profound melancholy, with hallucinations of sight and hearing. This



state of insanity was only intermittent, and did not prevent his following his public functions. After a sufficient length of time, he determined to marry again; but the difficulties he experienced in contracting this new tie, reproduced his insanity; his hallucinations became more frequent, and of a more distressing nature. Dr. Nadin, his physician, found him given up to the most strange *delusive conceptions*, (delusions.) Among other things, he believed he had received a mission to burn bad books, and other objects contrary to morality," &c. I cannot refrain from remarking here the fact, of the comparative rare use in our English writers, of examples taken from their own experience; and I cannot help drawing the conclusion, that this may, in a great measure, be owing to the want of some clear and established use in the English terms; while such being found in the French writers, causes their examples to be so much more convincing and *à propos*, as to ensure their constant and repeated use. Before we proceed further, we must notice if there are any definitions of delusions existing, what they are, and in how far they accord with the special one we would give to it.

The term delusion occurs in the late celebrated exposition of the judges on the law of insanity, and, consequently, has received considerable attention and criticism; and it has appeared to us, that the confusion in this term, especially as a medico-legal one, arises from the attempt to make its common and popular signification its legal meaning, an attempt which can never succeed; for in its popular meaning, it does not necessarily imply insanity, and beyond that it has as yet received no established scientific meaning.

For our purpose it will be sufficient to notice the medico-legal definition of delusion in Dr. Bucknill's valuable work, the Sugden Prize Essay on "Unsoundness of Mind connected with Criminal Acts," where *delusion* is defined as "a belief in the existence of things that have no existence in reality, or an erroneous *perception* of the nature of things, or of their relation to each other, occasioned by cerebro-mental disease." In considering this definition, if, as it appears, it is intended to include all the intellectual aberrations that may be symptoms of insanity, we can only remark, that our three terms, as understood by our explanations will not be found included in it; nor is the term delusion more precisely applied in the following quotation from the same essay, "In the insane, false appearance owing to faulty sense (dysæsthesia) may produce delusions by deception. To these, however, the term illusion is more properly applied, unless their reality being credited,

they are permitted to influence the conduct; when this occurs the false perceptions from dysæsthesia are not improperly called delusions. The term, however, is more strictly applied to intellectual errors immediately affecting the judgment." We find here, the view we are maintaining of the meaning of the term delusion, "as applied to intellectual errors immediately affecting the judgment," to, in fact, erroneous conception; but we cannot agree, that "false perceptions," or "illusions," are "not improperly called delusions," when they "influence the conduct." If this is so, a delusion only differs from an illusion by its being believed in and so influencing the conduct. As examples, Dr. Bucknill proceeds, "Thus a man, who, perceiving a bad taste in all his food, should think that noxious substances were introduced therein, might be said to labour under a *deceptive delusion*; while a patient, who, believed himself to be the Deity, or some brute animal, or inanimate substance, would be subject to a *delusion of error*."

In the first place, the terms "deceptive delusion," and "delusion of error," are tautological expressions; and in the next place, conceiving poison in all his food from the perception of a bad taste in all he eats, is different from the supposition of poison when no bad taste exists; in the former the patient would labour under an *illusion*; in the latter, under a *delusion*. The phenomenon would, in this latter case, be of exactly the same nature as in the man who fancied himself the Deity, &c.

On the one hand, a real bad taste, existing either subjectively from a diseased state of the mouth or digestive tube, or objectively in the food itself, and so causing the belief of poison, would give rise to an *illusion of taste*; but if, on the other hand, the state of the cerebral organ is such, that erroneous ideas find ready acceptance, then the idea of poison in all his food, when no illusive reason exists, would be a pure conception, an aberration which we should call a *delusion*.

Delusion, then, is entirely subjective, and illusion and hallucination are objective phenomena, a characteristic both applicable to, and simplifying our definitions; and which, instead of misleading the jury, and being "entirely out of character and unjustifiable in a court of justice," as Dr. Winslow says, are within the comprehension of the court, and are necessary for the proper understanding of the phenomenon inquired into, and as a distinction in the application of terms.

A purely legal definition of these terms is not necessary. Delusion, illusion, and hallucination, all may exist in the sane state, and though they are also symptoms of insanity,

the proof that they exist, is no proof of existing insanity. The legal appreciation of these phenomena lies less in the verbal definition of the terms expressive of them, than in a knowledge of the phenomena themselves, and in the influence of collateral and co-ordinating circumstances enabling the expert physician to form his opinion, and to maintain it.

In summing up the foregoing remarks, into precise definitions of the terms delusion, illusion, and hallucination, we have,

**ILLUSION.**—The phenomenon of the wrong perception of actual present sensation. The organs of sense must convey an impression from some actual external object ; the erroneous perception of that object constitutes an illusion.

**HALLUCINATION.**—The phenomenon of the perception of objects that have no real existence. A deception in which there is the phenomenon of erroneous perception.

**DELUSION.**—The phenomenon of erroneous conception. A deception from the unhealthy action of the higher intellectual faculties. In its common and popular signification, it is the term for deception of all kinds, sensational, intellectual, &c.

It must be observed that the outward manifestations of delusion, illusion, and hallucination is not always clear ; and that a more continued observation will sometimes shew, that what at first appears an hallucination, may, in reality, be only an illusion. There are also, and not unfrequently, instances of these phenomena being combined, and producing and re-producing each other ; but though these exceptional cases may require more complex definitions, they cannot detract from the utility of a uniform and established definition of these terms. Again, there are varieties of delusions, illusions, and hallucinations, the various groups of which are all included in the common general definition, the characteristics of which groups, as well as their relation to, and their connection with, the various morbid physical states, and their use as diagnosis, prognosis, &c., all form important points in the study of insanity ; points which it would be impossible to carry out, without some definite and established meaning whereby all psychiatric physicians may understand each other.



*The case of David Crook, Dwarf and Idiot; Age, 27 Years; Weight, 24½lb.* Reported by Mr. R. H. H. SANKEY, Esq., Assistant Medical Officer, Oxford County Asylum.

By the sudden death of his widowed mother, March 21, 1856, David Crook became the accidental charge of poor neighbours, and of the union house. He was admitted into the county asylum at Littlemore, on the 5th of April.

The master of the union house knew nothing of his history, except that it was said in the house, that he had been subject to fits in infancy, but not latterly; that his widowed mother had for many years gained her livelihood by field labour; that she went out to work at seven in the morning, and was sometimes absent until six o'clock in the evening.

When brought to the asylum, he was clothed as a female child, and was taken into the female wards. Although beardless, he had the appearance of age. The jaws were developed, the teeth and ears large. Persons who were not told his age (27 years), observed that it must be 20 or 23 years of age, by the expression of its face. His pulse was weak, and beat 110 pulsations in the minute. He was reported to be noisy at night, quite helpless, and able to take slop food only. His weight was 24½lbs., and he had so little flesh as to admit of little diminution. He took food with willingness when put into his mouth; yet it was observed that his tongue became dry, and he died on the twelfth day after admission, April 17th.

His height was 38½ inches. The spine was convexed to the left side, and he supported himself on that side, raising himself to meet his food, and resting on his left elbow. The chest was equal on both sides, being, at the smallest circumference, 22 inches round; and at the ensiform cartilage, 22¾ inches. It expanded, in ordinary inspiration, a quarter of an inch; by forced expiration, it contracted three-quarters of an inch. The breadth of chest from acromion to acromion, was 9½ inches; the length of body from top of sternum to symphysis pubis, 12½ inches. The right testicle was in the scrotum, the left was in the inguinal canal. The length of leg was 20½ inches; of feet, 6¼ inches; of arm and hand, 20 inches.

On post-mortem examination, the lungs were found to be enormously emphysematous; the brain was rather tough; there was some fluid in the ventricles. The weight of brain was 2lb., of which the cerebellum weighed 4½oz. The circumference of the head was 18 inches; the height over the head, from ear to ear, 9¾ inches; the transverse diameter of head, 4⅞ inch; of cavity, 4½ inches; the antero-posterior diameter

of head,  $6\frac{1}{4}$  inches; of cavity,  $5\frac{1}{2}$  inches. The length of face was  $5\frac{1}{2}$  inches, of which the forehead was  $1\frac{1}{4}$ ; the lower jaw measured from angle to angle, round the chin, six inches; the mouth, two inches. He had twenty-five teeth, of large size, the two upper and front incisors projecting from the mouth, and overlapping the under lip. He had double strabismus inwards, the pupils being of equal size. The ears were each  $2\frac{1}{2}$  inches long, and two inches wide.

### *French Psychiatry.*

The first half of the present year has not been very fruitful in French psychology, or psychiatric literature, either in new publications, or in the Journals especially devoted to that subject. In the "*Annales Medico Psychologique*," we find a paper on the CAUSES OF INSANITY, by M. Trelat, who maintains as an almost exclusive cause, that of hereditary predisposition, the *law*, and as in itself sufficient, without accidental causes, to develop insanity; and that the usual physical and moral causes are scarcely ever more than a simple determining soil, whose influence is but the element necessary for the germination and development of the innate congenital tendency.

The autobiographical manuscript of a monomaniac is copiously quoted by M. Baillayer in support of his theory of Automatism. The clearness with which the loss of control, the duality of the man, the antagonism between the moral and the volitional, is well described; and a curious remark is, that he ascribes his present mental powers to his stomach; being deprived of natural thought and reflection, it is his stomach which works; where it is as "a tongue which articulates altogether internally;" a state of being, for the description of which, language is at present inadequate. The necessity for such description has only now, or scarcely yet, arrived.

A short paper on the frequency of hallucinations in variola gives us the ratio of five per cent. In twelve cases, eight were males. In four, this phenomena did not exist beyond three days; but in fatal cases, it lasted till death took place; the prognosis is in general favourable.

The cases on legal medicine are always interesting from the clear and precise manner in which they are investigated and reported. Our space is too short to notice them here, beside,

we intend to analyse, at some future time, an accumulation of them.

The discussions of the Medico-Psychological Society have been entirely confined to the continuation of the previous discussions of last year, on hallucinations. Strictly speaking, hallucination is a vice of special sensational perception, and the chief question discussed was, as to whether it is an altogether abnormal, or only the exaggeration of a normal phenomenon. Neither is the term, nor the phenomena itself, so well understood on this side the channel as it ought to be; but one point is strongly insisted upon, and is of importance in its connection with insanity, namely, its compatibility with sanity, *i. e.*, the correction by sense and reason of its delusive occurrence. The discussion points out clearly the difference between the phenomenon of hallucination, and the state of dreaming, the action of ordinary imagination and real sensation.

J. H. BLOUNT.

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*The Trial and Execution of William Palmer.*

THERE is little in this event of particular interest to our section of the profession. Throughout the whole course of the proceedings, no trace of mental disease or infirmity was observable in any of the principal actors. Our section of medical science is too important, and already too extended, to render either desirable or profitable the discussion of things in general, under what are called psychological aspects. The intensely excited curiosity of a whole nation is, indeed, an object of psychological interest. The amount of mental effort, of eloquence, learning, and skill, brought to bear upon the conviction of one wretched criminal, the evidences of whose guilt appeared, to unbiassed judgments, superfluously abundant, have presented a strange disproportion of means to an end, and have seemed to dramatize as it were the course of justice, and to apotheosize on his bad eminence, the principal actor. We cannot doubt, that had Palmer's case been of a nature to attract little public attention, half-a-dozen of the witnesses examined would have been amply sufficient to have insured his conviction in the ordinary course of justice. We cannot doubt that such a conviction would have had a more beneficial effect upon the mental health of the community,



than the morbid excitement into which it has been thrown, partly by the fearful nature of the crime itself, and partly by the extraordinary steps which have been taken to insure the ends of justice : the act of parliament, the array of judges, the noble and illustrious visitors, the open court of justice filled by the holders of tickets of high price, and the many other circumstances that have distinguished this trial from the simple and solemn proceedings usual in English courts.

This trial has illustrated, in a remarkable manner, the fact that the proceedings of English criminal courts partake far more of the nature of a dialectic contention, than of a scientific investigation. This fact, which is so frequently and painfully evident in trials which involve the question of lunacy is, in our opinion, the greatest defect in our whole system of legal procedure. In Palmer's trial, we see witness after witness giving evidence in the most obvious spirit of partizanship ; men of science juggling with their judgment, and setting at nought their most solemn obligations, for the purpose of rescuing one of the darkest criminals who has ever polluted this English soil. We see, moreover, a distinguished member of the bar, one standing next in rank to the judges of the land, and one who may himself aspire to that high dignity, we see Serjeant Shee assuring the jury, on his conscience, that he personally believes the prisoner to be innocent of the crime imputed to him. Psychologically, this assurance is more interesting than the differentiation of strychnism and tetanism, or the cumulative and overwhelming power of circumstantial and scientific evidence, which could not leave the shadow of a shade of doubt of Palmer's guilt, in the mind of any one capable of exercising a judgment free from the influence of passion and interest.

Is Mr. Serjeant Shee incapable of exercising a dispassionate judgment ? Or did he state to the jury, on his honour and his conscience, that he entertained a belief which he did not entertain ? Lawyers will feel inclined to refer this astounding assertion to what is called the licence of counsel. At all events, this is the view which was taken by the clear-headed old Chief Justice, who instructed the jury that it was merely a form of speech, and that they must not attach to it the slightest weight or consideration.

In the trial of the murderer Courvoisier, the leading counsel for the defence, Mr. Phillips, assured the jury, in terms as emphatic as those employed by Mr. Serjeant Shee, that he believed in the innocence of the prisoner, and he did this *after* the prisoner had made to him a full confession of

his guilt. The course taken by Mr. Phillips was defended on the ground of the licence allowed to counsel; the course taken by Mr. Serjeant Shee may be defensible on the same grounds.

But what an insight does this afford into the morâle of the legal profession? It may, and undoubtedly does, comprise a large number of men personally animated by the highest sentiments of honour. But if the rules of the profession permit and approve practices which are inconsistent with such sentiments, it is impossible that the spirit of the whole profession can fail to be deteriorated. Such an event would be a public calamity, not only by its immediate influence upon a large and influential body of English gentlemen, but from its tendency to corrupt the very sources of justice; for if a low morâle prevails at the English bar, what guarantee can we possess for unswerving integrity of judgment on the bench? A stream cannot rise higher than its source, and the ethics of the English judgment-seat cannot be more elevated than those of the noble profession of which it is the exponent, and from which it receives its personal recruits. It is a matter, therefore, of the highest importance to the whole community, that the English bar should be governed by rules, and actuated by principles consistent with the nicest sense of honour, and the strictest maxims of justice.

*The Medical Evidence* adduced at the trial was indeed remarkable. That for the prosecution was remarkable for its uniformity and its logical consistency; that for the defence was remarkable for its diversity, and extraordinary inconsistency. The Attorney-General commented in terms of well-deserved severity upon the latter; we do not think, however, that he was altogether just in designating it "traffic evidence." The conscientious belief of Mr. Serjeant Shee, may or may not have been of the venal kind, but we apprehend that the motives which dictated the heterogeneous mélange of medical opinions elicited in Palmer's defence were as diverse as the opinions themselves, and were for the most part not of a venal character. Some men were actuated by the love of theorizing, some by the love of novelty, others by the love of notoriety. Men, who were wasting their science upon the desert air of some obscure district, were not unwilling to make themselves known to fortune and fame, by medical imaginings of the most surprising nature. Epilepsy with tetanic complications, tetanus from angina pectoris, and such like dreams, must have been suggested by some strange motive. Professional

rivalry, also had, doubtless, a large share in giving force to the "springs of human action." Mr. A is the rival of Mr. B in the toxicological department of chemistry. He is not the man to throw away so admirable an opportunity of letting the public know that he is the ablest toxicologist in the world, and that the government has been in error in employing a purblind analyst, who could not discover six grains of a substance of which he, Mr. A, can easily discover the fifty-thousandth part of a grain, that he, in fact, is three hundred thousand times more acute and clever than the toxicologist whom the government "delighteth to honor." We have been somewhat surprised that since the trial Professor Taylor has not challenged his extremely confident rivals to a demonstration of their skill; not indeed, to a demonstration of the fifty-thousandth part of a grain, which is a quantity requiring a homœopathic power of imagination to conceive; but to demonstrate the existence of any quantity of strychnine in the blood and tissues of an animal poisoned therewith. We would suggest that blood taken from some half dozen dogs, one of which has been poisoned by a small dose of strychnine, should be submitted to them for analysis, in order that they may demonstrate which sample of blood was taken from the poisoned animal.

Professor Taylor has long occupied a high position in the estimation of the public, as to his skill and experience in all that relates to legal medicine; but his supposed attainments are somewhat too various to justify the belief that he is a perfect master in all the numerous departments in which he is cited as the highest authority. He is equally appealed to in questions of insanity, in questions of pregnancy and abortion, in those of surgical injuries, and in many others of equal importance; and it is impossible that he can devote that amount of time and attention to the difficult and arduous study of analytical chemistry, which success in this most jealous of sciences imperatively demands. What guarantee, therefore, have we, that Professor Taylor did employ all the resources of chemical investigation? What assurance that the analysis of Cook's stomach was not bungled in a manner resembling the first examination of the body, when the very organ which physiology indicates as the centre of the seat of strychnism and tetanus, was actually not looked at?

If the records of this trial teach us anything, they teach us the absurdity of adhering to the present hap-hazard system of inquiry. It is a matter of the most perfect chance whether



the body of a person supposed to have met with his death by unfair means, is examined anatomically and chemically, by men of dispassionate uprightness and of adequate skill, or by men who possess neither the one nor the other of these qualifications. Palmer was glad that Dr. Harland was asked to examine the body, and not some other medical man who entertained ill-feelings towards him. Dr. Harland's examination was merely a negligent one, from which the public were more likely to sustain injury than the accused. It might have been otherwise, and the possibility of either event, loudly demands a change in the whole system of procedure.

When the anatomical examination had been made, the stomach and its contents were submitted to Professor Taylor, not because he was selected by the government for this most responsible duty, but because some solicitor recommended him to the step-father of the deceased, as a competent and trustworthy chemist. The step-father, Mr. Stephens, was indeed a man of rare intelligence and discretion, and the public owe to him a deep debt of gratitude for arresting the career of William Palmer. Who can tell what other lives might not have been sacrificed, had not the shrewd common sense of Mr. Stephens seen deeper into the meaning of medical symptoms, than the educated experience of Mr. Jones. Mr. Stephens was honoured by a most uncalled-for attack from Mr. Serjeant Shee, but public opinion estimates him, not only as a man of remarkable intelligence, but as a gentleman whose whole conduct throughout the distressing circumstances in which he has been placed, has been distinguished by true-hearted affection for his unhappy relative, and by the greatest consistency, prudence, and fairness. Mr. Stephens was not a man likely to make an altogether injudicious selection of a chemist; but it might have been otherwise, and the arduous and delicate application of chemical re-agents, upon which the safety of a community, or the fate of the accused depended, might have been intrusted to the most untrustworthy, the most rash, or the most ignorant of the men who call themselves chemical adepts. Surely this ought not to be, in difficult questions of such vast importance to the community; the government ought to direct the proceedings, and to select the instruments; the government ought to appoint competent and skilful men to conduct the chemical and anatomical investigations, and every step in these investigations ought to be faithfully recorded, and the records to form part of the legal process.

Nay, more, these investigations ought to be conducted with a certain amount of publicity, to ensure both the public and the accused against the results of ignorance, negligence, or malevolence. A criminal trial should be an investigation, and not a contention; public officers should be appointed to superintend the whole process of investigation in an investigating, and not in a prosecuting, spirit.

A few years since, men were accused and condemned upon appearances merely, strengthened by appeals to the fears and the interests of the public. Science could afford but little aid of any value. But for many years, the importance of science in a vast number of criminal trials has been of rapid growth. Advocates have not yet ceased to appeal to the prejudices and passions of jurymen, and we are still therefore in a transition period between declamation and ratiocination. But the tide sets strongly against the old methods compounded of hap-hazard and of routine, and the time cannot be long deferred for changes of the greatest importance in the whole process of criminal procedure.

We heartily wish that we could close these remarks without referring to the history of the accused after he had become a condemned culprit. There is, however, a psychological question, and a painful circumstance upon which we cannot be silent. The question we would raise is, to what extent it is right that a condemned criminal should be urged to confess to a fellow being the perpetration of his crime and the justice of his sentence? It is related that from the time of his sentence to the very moment when he ascended the scaffold, Palmer was persuaded, intreated, implored day by day, almost hour by hour, to confess his crimes, not to God, but to man. He sternly refused to confess, and this victory if we may so call it, has, we venture to affirm, had the most prejudicial effect upon the public mind. Vast numbers of people have been led to forget his atrocious crimes in contemplating with secret, but not less real sympathy the undaunted courage with which he met his doom. Vast numbers of people have even been led to entertain doubts of his guilt, from the anxious and pertinacious demand for confession, and from the steady denial with which it has been met. To ask for confession in the manner in which it has been implored in this case is likely to convey to the half-reasoning multitude a strong impression that his judges are dissatisfied with the proofs of his guilt. We are convinced that no circumstance has had half the influence in creating doubt of Palmer's guilt, as the assiduous solicitation, we may

almost say persecution, for confession, to which he has been exposed. Doubtless, it would be consolatory to judges and jurymen that all murderers should confess before execution. But if sentence has been passed, after that amount of demonstrative proof, which alone can justify the extreme sentence of the law, judges and jury ought to be satisfied with the conviction that they have done their duty. The language of the law is, or ought to be, "your guilt *is* proved, you have nothing to confess." To crave for confession as a necessary justification to the conscience is an unmanly and sentimental weakness. But was Palmer bound to confess? and did he increase his moral guilt by refusing? If he went out of the world with a lie upon his lips, he did undoubtedly increase his guilt thereby. But had he simply refused to plead at the bar of conscience to which he was cited in his condemned cell, it is by no means certain that he would thereby have increased his guilt before the Great Judge of quick and dead. If by refusing to confess he did not withhold any restitution to those he had injured; if by refusing to confess to his fellow man he did not infringe any command of his Maker, he could scarcely augment his guilt.

The confession of a condemned criminal may be the bowing down of the contrite and humbled spirit. It may also be the indifferent resignation of a secret no longer of value, or even a daring and reckless bravado. The confessing criminal may be no penitent. The non-confessing criminal may possibly be truly penitent. He may think wrongly perhaps, but honestly, that his confession will injure those dear to him, more than his sentence can injure society. Circumstances may be conceived, in which public confession might even be a moral crime.

The Church of Rome demands confession, not from felons alone, but from all men; not for the sake of society, but for that of the sinner; not as a pendant upon criminal justice, but as a part of religious duty, in return for which, the priest, as the representative of the Deity, confers absolution and forgiveness. The Protestant doctrine is widely different.

There is, moreover, this important distinction between the confessional of Catholic and Protestant criminals. The former is received under the most sacred obligation of secrecy, the latter is extorted for the purpose of publication. The chaplain who refused to publish Tawell's confession was bitterly censured. The catholic priest then confesses his penitent in obedience to the principles and precepts of his church; but the protestant clergyman who attempts to extort



confession by denunciation and anathema, acts in direct opposition to the spirit which animates the whole body of protestant christians. If auricular confession is an unprotestant practice, it is so in great crimes and in little ones. If it is granted that auricular confession may be imposed upon great criminals under penalty of God's vengeance upon recusants, the box of the confessional will soon reappear in our churches, the inmost thoughts and most hidden feelings of our wives and daughters will become matters of clerical investigation.

Such being our opinion on the principle of confession, we must with pain and reluctance express our surprise at the nature of the parting scene between the wretched criminal and the reverend gentleman who was appointed to comfort and instruct him during his last hours of mental anguish. The following is the account given by an eye witness, *The Times* reporter: "At this moment all the preparations were complete; the unhappy man was pinioned; the executioner was standing by him, and nothing was required but the signal to move forward to the scaffold. The chaplain in the most solemn manner exhorted him to admit the justice of his sentence. The prisoner firmly replied that it was not a just sentence. 'Then' said the chaplain, 'your blood be upon your own head.' To this observation the prisoner made no answer."—*Times' Report*, June 16th, 1856.

The rev. gentleman had laboured strenuously to obtain a confession of guilt, he had preached a sermon so impressive that it had dissolved the obdurate man into tears, but it had also driven him from again partaking in the services of the church. The chaplain was greatly mortified at the failure of his efforts; but at the last awful moment, surely it was not in the exercise of christian forbearance or charity, that the chaplain parted from the wretched criminal with the above denunciation. Even the parting words of the judge who bears the sharp sword of the law, are by comparison merciful and humane: "May the Lord have mercy upon your soul. Amen."

It is only a few years since the chaplain of the Warwickshire gaol, held the hand of a woman condemned to death over the flame of a candle, telling her that the pains of hell were like the pain she then felt, extended over the whole body, and lasting for ever. This shocking act might have some excuse in its supposed utility; it was employed to arouse the stolid indifference of a thoughtless and ignorant creature. But the act of the Rev. Mr. Goodacre was ob-

viously useless, from the circumstance of time under which it took place. It is probable, moreover, that the reverend gentleman went the very worst way to obtain his end. Palmer was a man of remarkable firmness, and his obstinacy was stimulated by the attacks of the chaplain. The only probable method of obtaining a confession from him was to abstain altogether from asking for it, and to soften his heart by those means which none can employ so well as the true-hearted ministers of Him who promised more than pardon to the thief upon the cross.

Moreover, the denunciation itself was an absurd *non sequitur*. Palmer said, "my sentence is *not* just." Then said the chaplain, "your blood be upon your own head." Now his blood could only have been upon his own head, because his sentence was just, or because the refusal to confess was itself a crime worthy of death.

An event like Palmer's trial tries many men. It also brings before the tribunal of public opinion, many callings and professions. The profession of medicine is said to have suffered from the publicity given to the fact, that it contains men whose conscientiousness, or judgment, are not of the strongest fibre. But the profession of law has not come off scathless. To say nothing of Mr. Jeremiah Smith, there is the coroner, Mr. Ward, who certainly cannot be called a just and upright judge. Then there is also Mr. Thomas Pratt, a London solicitor, who lends money at 60 per cent discount, and Mr. Herbert Wright, of Birmingham, who does the same thing. We should be exceedingly sorry to say anything disrespectful of these gentlemen, and it is perhaps, a professional prejudice which instigates the opinion that none of the medical witnesses would suffer by comparison with them.

But Palmer himself, it may be said, was a medical man. This we apprehend to be a grievous mistake. He had been a medical man ; but he had deserted the profession, and had become a horse racer and a gambler. He was scarcely more a surgeon than Cook was a solicitor. Had he remained in the profession of medicine, he would not have been exposed to the fierce temptations which drew him onwards to the gulph of crime. Had he remained a village surgeon, he would not have acquired the intense selfishness and daring of a practised gambler. His crimes were the result of the turf, his character was formed upon the turf. He was the companion, if not the compeer, of racing gentlemen and noblemen, and not of those labourious and unambitious men who confer the blessings of medical science upon our country

districts. He was no more a village doctor than Prince Talleyrand was a Catholic priest, or than the Oliver Cromwell of history, was a brewer of beer. Let not this fact be lost sight of, not only for the credit of a most honourable profession, but for the sake of the moral which it points. The first step taken by William Palmer to the gallows, was the first bet he laid upon a horse race. He was one of the monstrous progeny of, *The Turf*, a name given to that system which has resulted from the mixed love of sport and of gambling among the English aristocracy, a system which produces the fastest of horses, and the most daring of gamblers; even men who can game and cheat where the stakes are life, and pay the penalty with seeming unconcern, should the race be lost. Such a man was William Palmer.

J. C. B.

*The Prosecution of a Medical Superintendent for Manslaughter.*

A profound sensation has been created among superintendents and alienist physicians by the prosecution, at the instance of the commissioners in lunacy, of Mr. Snape, the superintendent of the men's wards of the Surrey asylum, for the alleged manslaughter of a patient named Daniel Dolly.

The circumstances, as stated by Mr. Bodkin at the Bow-street police court, are briefly as follow:—Dolly was reported to be in a state of violent excitement. Mr. Snape took him to the shower-bath, with the intention of placing him therein. But before the door of the bath was opened, Dolly struck Mr. Snape a stunning blow on the head. Mr. Snape said to the attendant in charge of the patient, "I have never been struck by a patient before. Keep him in the bath half-an-hour, and give him a dose of the light-coloured mixture." He then left. The patient was kept in the bath twenty-eight minutes. After leaving the bath, he had the dose of medicine, containing two grains of tartar emetic. He was dressed. He then walked from the bath room, and sat in the day room. After a while, his countenance suddenly changed, and he died within fifteen or twenty minutes after leaving the bath.

We would willingly preserve silence upon this unfortunate case until after trial. It has, however, been freely commented



upon by the weekly press, and we feel ourselves under the obligation to correct a great misapprehension respecting the scope of the inquiry.

Judging from the comments in the weekly journals, it seems to be generally understood, that the main question for trial is, whether or no the death of Dolly was caused or expedited by the treatment prescribed. We apprehend that a more mischievous error than this cannot be made. If a medical man can be put on his trial for manslaughter, because the life of a patient is lost on account of any treatment honestly prescribed by him, the hands of medical science will be effectually tied, and any step beyond the limits of the narrowest routine, will be condemned and avoided by the profession as leading its members into danger and disgrace.

If such was the law of the land, no man would venture to give a grain of calomel to a child, seeing that cancrum oris might follow ; nor would any one dare to administer chloroform, seeing that immediate death might result. Mr. Snape strenuously denies that the death of Dolly resulted from the treatment prescribed by him ; but if it was admitted by him, it would be very far from constituting a case of manslaughter. The art of medicine is dangerous and difficult, and where is one of its experienced and conscientious practitioners, who can lay his hand upon his heart, and affirm that he has never accelerated the death of a patient ? The simple cause of Dolly's death, therefore, can be but a matter of comparatively little importance to the question at issue. It will only be possible to substantiate the charge of manslaughter against Mr. Snape by proving, that *in prescribing the shower bath and the medicine, he prescribed treatment which was likely to be followed by fatal results, and the danger of which he knew, or ought to have known ; and that he prescribed this treatment, not with the simple intention of benefiting his patient, but with a malicious and criminal intent.* If Mr. Bodkin can establish the affirmative of these propositions, he will obtain and deserve a verdict. If not, he will leave it open to be said, that a medical gentleman has been prosecuted, and a grievous scandal brought upon the public asylums of this country upon insufficient grounds.

Pending the trial, we think it right to refrain from discussing the merits of this question. The counsel for the defence will, of course, be prepared to shew that shower baths and tartar emetic are well recognized means in the treatment of the insane. There may be great difference of

opinion among medical men as to their utility, and the extent to which their employment is judicious; but there can be no doubt of their extensive employment. The reports of the Commissioners in Lunacy are amply sufficient to establish this point.\* Doubtless, these powerful agents, like all others, are capable of abuse; and an important consideration for a jury will be, whether their mode of administration by Mr. Snape, constituted an abuse of so flagrant a character, that its danger must have been obvious to him.

Some alienist physicians give enormous doses of opium. We apprehend that the practice is not without danger, but, inasmuch as in certain cases it is found to be highly beneficial, some risk is incurred for the far more certain advantages. But were a physician to prescribe a quantity of opium which was clearly poisonous, he would certainly be liable to prosecution for manslaughter, unless it appeared that the circumstances of the case lead him to prescribe such a quantity in the honest exercise of his medical judgment. Doses of opium which would clearly be poisonous to a healthy man, are frequently given and with the happiest effects in various forms of disease; now and then also, it does undoubtedly happen that this powerful remedy is the cause of death. But, notwithstanding these casualties, immense doses of opium are still prescribed by skilful physicians, in *delirium tremens*, *manie aiguë*, and some other diseases. The same principle might be illustrated by the use of many other remedies; numerous lives, for instance, have been sacrificed to chloroform, not employed to combat any dangerous malady, but for the subordinate purpose of saving pain. If danger to life ought to forbid the use of any remedial agent, the employment of chloroform is utterly unjustifiable.

\*The Report of the Commissioners in Lunacy, to the Lord Chancellor for 1847, contains an account of the treatment of insanity, supplied to them by the medical officers of asylums.

Mr. Commissioner Gaskell then the medical superintendent of the Lancaster county asylum says, "the cold shower bath is in general use, both as a means of invigorating the system, promoting personal cleanliness, and to check occasional tendencies to violence and destructiveness," p. 430.

Mr. Commissioner Wilkes, then superintendent of the Stafford county asylum says, "The tepid or cold shower bath, when cautiously employed, is also a powerful means of subduing the paroxysm, and many patients acknowledge that it alone has cured them. It seems to be of the greatest benefit in cases of mania, attended with heat of scalp, and increased vascular action, and when unattended with much general disturbance of the system, or symptoms of thoracic or abdominal disorder. In the latter complications the use of the shower bath is at once contraindicated, and the warm bath may be substituted for it," p. 433.

For the purpose of stating the bearings of this inquiry, we have assumed that a half-hour shower bath is known to be as dangerous to life as chloroform or large doses of opium; but it is fair, however, to state that this is only an assumption. So far as we know, this is the first instance in which death has ever been attributed to the effects of a shower bath. If the fact is proved it will form an addition to medical knowledge, and should any medical man follow Mr. Snapes's example, he will in this respect occupy a much worse position. A knowledge of the danger attending prolonged shower baths could only be obtained by experiment or accident. The extent to which experiments have been pushed by other persons without injurious results will form an important part of the inquiry, inasmuch as it may or may not justify the duration of the bath which Mr. Snape ordered. If it is proved that to his knowledge, shower baths of twenty minutes have produced serious and dangerous symptoms of depression, the administration of one of half an hour, will be held a rash and unjustifiable experiment; but if shower baths of twenty minutes are proved to have been administered not only without danger but with benefit to the patient, this cannot fail to tell greatly in favour of the accused.

But to prove that the death of Daniel Dolly resulted from his treatment, and even to prove that this treatment was of a dangerous nature, will not be sufficient to convict Mr. Snape of manslaughter, unless it can also be proved that he did not prescribe this treatment in the honest exercise of his medical judgment. This will naturally constitute the main question of the inquiry. We may think and others may think that the practice was rash and improper, but Mr. Snape as a duly qualified medical man has a right to his *own* judgment; and the law will protect him if he did exercise that judgment according to the light which he possesses. His judgment may have been unsound, but if it was honest, and dictated by the desire to benefit his patient, and not by anger, revenge, or any other unworthy motive, he must be acquitted of the charge of manslaughter. If the members of the medical profession could be subjected to criminal prosecutions for errors of medical judgment, her Majesty's criminal courts had need to possess more than all the science of the College of Physicians. But it is not so; not only is an error in judgment, no crime, but the law fully recognizes in every duly qualified medical man the right to exercise his *individual* judgment in the treatment of his



patients. But if any medical man allows himself to be actuated by unworthy motives and if serious injury or death occurs to his patients in consequence of the operation of evil motives, the law will recognize in his professional character no panoply against a just retribution. It will even punish indolence or neglect, but it will not punish an opinion.

In this respect the law places a duly qualified medical man in a widely different position to an empiric. The opinion of the latter it not only judges to be ignorant, but selfishly influenced by the lust of lucre; the former it assumes to be honestly exercised unless it can be shewn to have been otherwise, and it hedges its honest exercise with protection and immunity.

Mr. Snape is on his trial not for a diploma, but for a crime, to the nature of which improper motive is essential. The law will interpret the motive from all the circumstances of the act; and it is on this account that Mr. Bodkin laid so much stress upon the expression made use of by Mr. Snape, before the bath was given, and the *animus* of revenge which he argued from it. The interpretation of this expression will be the main question for the jury. They will have to determine upon the evidence of the man to whom it was addressed; from the words, the time, the manner, and the circumstance under which it was uttered, whether or not Dolly's treatment was ordered to revenge the blow, or prescribed to calm excitement, and to benefit the patient. After the bath was prescribed, but before its duration was directed, Mr. Snape was struck a stunning blow; he then said, "I have never been struck by a patient before. Keep him in half an hour, and give him a dose of the light coloured mixture." Upon this expression the counsel for the prosecution endeavours to take the treatment out of the category of erroneous judgment, and to place it in that of criminal motive, namely, the motive to revenge a blow by a dangerous punishment which proved fatal. Without this expression there could have been no case.

John Barrett the attendant, who swears to the expression, also swears that it was uttered calmly and without anger, that he believes the bath was given only to allay excitement, and that Dolly had received a bath for twenty minutes a month previously when he had not struck Mr. Snape.

The jury will have to adopt or reject this man's interpretation. They will have to decide whether the former part of the expression had a casual or a causal connection with the latter; whether or not the word *therefore* was, or was

not understood. The blow given to Mr. Snape was one symptom, and a remarkable one of Dolly's extreme excitement, and it is possible to consider it an element in Mr. Snape's medical judgment, without having excited in him any feeling of anger or revenge. The expression "I have never been struck by a patient before," may be considered in three ways: *first*, as merely expressing a fact, and without reference to the treatment: *second*, as having reference to the treatment by influencing Mr. Snape's medical judgment; or *third*, as having reference to the treatment, and indicating an angry and revengeful feeling. A criminal motive can only be imputed if the latter of these suppositions is correct. The positions, therefore, which Mr. Bodkin must make good to obtain a verdict, are the following: *first*, that the death of D. Dolly was occasioned by his treatment; *second*, that this treatment was obviously dangerous to life; and *third*, that it was not honestly prescribed as a means to reduce excitement, but that in an improper spirit of revenge it was ordered as a punishment.

In the above remarks, we are far from desiring to exculpate Mr. Snape from the imputation of a grave error in medical judgment. Upon theoretical grounds we entertain the strongest objection to the treatment prescribed by him; and had he advocated such treatment in any professional work, we should have felt it our duty as medical critics to denounce it in no measured terms. But he is not liable to be punished for opinion, however wrong and dangerous it may be. The abolition of restraint itself was once an opinion, and by many thought a most dangerous one; experiment alone proved its safety. The liberal science of medicine is shackled by no dogmas; and there is the widest possible difference between an act we may condemn as a wrong judgment, and the crime of manslaughter.

The one is in some degree committed daily by physicians who are not Watsons or Williamses; the other ranks next to murder in the category of crime, and no medical man of honourable nature can fail to regret that one of his brethren should in the exercise of his professional duties have subjected himself to an accusation thereof.

This unhappy event will, we fear, greatly impede the successful treatment of the insane; it may deter some injudicious men from rash treatment, but it will also alarm and discourage others in the judicious and careful employment of remedies.

If the treatment of insanity tends to place its votaries in

the felon's dock men will be led to prescribe, not according to the demands of the disease, but according to the estimate of danger to themselves.

It will be argued, that a violent and dangerous maniac cannot be tranquilized by homœopathic globules, or rosemary tea, or even by homilies upon humility and patience. Something must be done for him, or he will do something for himself. If it is dangerous for the physician to treat such patients with active remedies, the old method of mechanical restraint will inevitably be demanded. This very case will strengthen the opinions, and revive the arguments of the advocates for restraint. That prolonged shower baths do not form part of the non-restraint system is certain; but as the present occasion is not a fitting one for the discussion of this matter, we shall content ourselves with an emphatic denial that the non-restraint system necessitates the employment of such means.

The change of *venue* from Surrey, where the alleged offence was committed, to Bow-street, has had the unfortunate effect of attracting to this case, the attention of those newspaper writers whose expressions are rather dictated by the known prejudices of the reading, but unreasoning populace, than by the principles of truth and justice. Take, for instance, the comments of *The Illustrated London News* :—

“An investigation before Mr. Henry, at Bow-street, has shewn the utility of the lunacy commission. That body has decided a prosecution against the resident surgeon of the Wandsworth asylum, on the charge of having occasioned the death of an elderly lunatic, by a means which *excites a horror akin to that with which one reads the records of Fox, touching the martyrs to that missionary institution known as the Inquisition.*”

Is this the proper spirit to comment upon a case still *coram judice*? To compare an unhappy gentleman now on his trial, to those bloody fanatics whose tenderest mercy was to burn their fellow-creatures alive? Honourable and just men, who might conscientiously feel disposed to attribute great blame to Mr. Snape, will feel their sympathies enlisted in his favour by this most unfair excitement of mob prejudice.

J. C. B.

*Public Dinner to S. G. Hill, Esq.*

On the 19th ult., a Public Dinner was given to S. G. Hill, Esq., on the occasion of his leaving Lincoln, for so many years the scene of his professional labours, and especially of his successful attempt to abolish the use of restraint in the



treatment of the insane. The dinner was attended by a large number of gentlemen, residents of Lincoln and its neighbourhood, the Mayor of the city being in the chair. The speeches were highly complimentary to Mr. Hill, and to the department of the profession to which he belongs.

*A Bill to explain and amend the Acts relating to Lunatic Asylums in Ireland. (Prepared and brought in by MR. HORSMAN and MR. ATTORNEY-GENERAL FOR IRELAND, 23rd May, 1856, 19 V. .)*

"I. In citing this act for any purpose whatever, it shall be sufficient to use the expression 'The Lunatic Asylums, Ireland, Act, 1856.'

II. In the interpretation of this Act, save where there is anything in the subject or context repugnant to such construction, the words 'Lord Lieutenant' shall mean and include the Chief Governor or Governors of Ireland; the words "Lord Lieutenant and Council" shall mean the Lord Lieutenant or other Chief Governor or Governors of Ireland, by and with the advice of her Majesty's Privy Council in Ireland; 'Asylums' shall mean 'Asylums for the Lunatic Poor,' established under the said recited Acts; and the word 'Officer' shall mean and include Managers, Chaplains, Physicians, Surgeons, Apothecaries, Matrons, Attendants, and Servants.

III. All appointments of officers for such Asylums, and all salaries of such officers, fixed or granted, and all matters and things heretofore done by the Lord Lieutenant or by the Lord Lieutenant and Council, with respect to such appointments, shall be and remain good, valid, and effectual, but subject to the powers and provisions hereinafter contained.

IV. The Lord Lieutenant and Council shall, from time to time, in the case of every such Asylum established, or to be hereafter established, fix and determine the number and description of officers for every such Asylum.

V. The Governors of such Asylums shall, from time to time, subject to the approbation of the Lord Lieutenant in Council, fix the salaries to be paid to such officers respectively; but, if the Governors shall neglect so to do, or if the Lord Lieutenant in Council shall disapprove of the salary proposed for any officer, it shall be lawful for the Lord Lieutenant in Council to fix and determine the same.

VI. It shall be lawful for the Governors, with the approval of the Lord Lieutenant in Council, from time to time, to alter the salaries to be paid to such officers respectively.

VII. The Manager, Matron, and Visiting Physician of every such Asylum shall be, from time to time, appointed by the Lord Lieutenant, and whether now holding office or hereafter to be appointed, shall be removable at the pleasure of the Lord Lieutenant.

VIII. All officers of every such Asylum, other than the Manager, Matron, and Visiting Physician, shall be, from time to time, appointed by the Governors, and, whether now holding office or hereafter to be appointed; shall be removable at the pleasure of the Governors.

IX. It shall be lawful for the Governors, on the recommendation of the Inspectors of Lunatics, or one of them, to direct that any officer who is incapable, from age, infirmity of mind or body, or otherwise, to discharge the duties of his

office, shall be superannuated, and shall receive such yearly superannuation pension as upon consideration of all the circumstances of each case shall appear to be just, not exceeding such proportion of his salary and allowances, as hereinafter mentioned (that is to say), for above fifteen and less than twenty years' service, a pension not exceeding *two-thirds* of his salary and allowances, and for above twenty years' service a pension not exceeding his salary and allowances.

X. The several salaries and superannuation pensions now or hereafter to become payable shall respectively be advanced, paid, presented for, and raised in like manner as any other moneys advanced or raised for supporting and maintaining such Asylums respectively under the said recited Acts, or any of them.

XI. Whereas, pauper lunatics only can now by law be admitted into any such District Lunatic Asylums, and there are others of the industrious classes suffering from insanity who may be benefited by treatment in Lunatic Asylums, but whose relatives are unable to meet the expense of private asylums, and are not willing to accept gratuitous relief, and it is expedient that some provision should be made for such classes : Be it therefore enacted—That it shall be lawful for the Governors of any District Lunatic Asylum (subject to any orders to be made by the Lord Lieutenant in Council) to receive as inmates any person not coming under the description of pauper lunatics (but to be treated in all respects as if pauper lunatics, clothing only excepted), on such terms as to payment or otherwise, as the Governors shall seem proper, and the moneys so received as payment for such persons shall be applied to the support and maintenance of such Asylums.

XII. It shall be lawful for the Lord Lieutenant in Council, from time to time, to make any general or special orders regulating the admission of such lunatics not coming under the description of paupers, or prohibiting the admission of such persons.

XIII. This Act and the said recited Acts shall be constructed together as if one Act.

This *Amended* Act contains much that is objectionable. The magistrates and cess-payers of some of the Irish counties have adopted resolutions against it in Quarter Sessions. They justly object to the patronage being given to government over appointments, the salaries of which are paid by themselves. In Ireland the centralizing system appears to be in full swing. The pension clause is by no means unobjectionable ; a certain amount of pension ought to have been ensured after a certain period of service. To make the granting of a pension depend upon the good will of the governors, acting not spontaneously, but upon the recommendation of the inspectors, to depend upon the "double event" as sporting men would say, is to hedge it with difficulties which will be rarely overcome. On this point the *Northern Whig* newspaper very fairly observes :

"Profesional persons, who have, say for twenty years, discharged the extremely onerous duties attaching to their position in hospitals for the insane; duties more wearing both upon the mind and body than almost any others that can be named; and who with ability, zeal, and integrity, have served the public, ought surely to be allowed, as a matter of right and justice, to have the option of retiring to their *otium cum dignitate* without having their infirmities brought to an inquisition, and without being obliged to make an *ad misericordiam* appeal to the government inspectors.

CRANIA BRITANNICA; *Delineations and Descriptions of the Skulls of the early Inhabitants of the British Islands; together with Notices of their other Remains.* By JOSEPH BARNARD DAVIS, M.R.C.S., Engl.; F.S.A., &c., and JOHN THURNAM, M.D., F.S.A., &c., 4to.

THE first decade of this work promises that when completed it will be a magnificent addition to ethnological science and to English literature.

The lithograph illustrations are executed in a masterly manner, they represent with minute fidelity the skulls of our forefathers. The choice of skulls presented to the author must have been extensive, for several of the skulls are so perfect that it would be difficult to match them in osteological collection of perfectly modern date. Our forefathers did not suffer much from tooth-ache. It is curious to observe the difference between the teeth of the Roman, and those of the Celtic skulls; the surfaces of the former are rough and speak of food softened by cooking, those of the latter are worn down by hard work upon beans, bones, roots, and bark.

The present decade contains a large proportion of letterpress. In the introduction the modification of races is briefly discussed. Race is a strange thing, and appears in many respects to be of the most unchangeable of conditions. Political and social circumstances may prevent or encourage the intellectual or moral development of the leaders of a nation, but the physical characteristics of race remain unchanged by clime or time. The Greek, the Roman, the Celt, and the Jew of to-day, is in outward appearance, and in moral and intellectual peculiarity also, the very man who existed in the time of Thucydides, of Cæsar, and of Josephus. The craniums obtained from barrows, are divided into those of the stone, the iron, and the bronze periods, according to the materials of which the weapons and implements are constructed which are found in these places of sepulture. The latest or period of iron weapons is attributed to the Celtic race, and the northern part of this island at least, is supposed to have been inhabited by other races previously to the intrusion of the Celts. The Celtic skulls bear a strong resemblance to the western Irish of the present day, and it requires little force of imagination to clothe them with the very features of a Tipperary boy.

The question of distorted skulls treated on in the fourth chapter is a remarkable one. The artificial distortion of the



cranium was in ancient times practised on the shores of the Crimea. Hypocrates calls the people who bandaged the heads of their infants to render them *long*, Macrocephali; and he says that ultimately *long* heads became so natural, that the use of bandages was unnecessary. Distorted skulls were found in the ancient sepulchres of Peru, and several skulls of the same kind having been found in different parts of Austria, a very learned and speculative German, Dr. Tschudi, argued in Müller's Archives, that the Austrian skulls had been brought from Peru, Peru and Austria having once been under the government of the same man. It is quite certain that the flights of ethnological fancy are distinguished by comprehensiveness and vigour. Other distorted skulls are found in which the distortion has obviously not been produced by the compression of bandages, boards, or any other artificial means. Dr. Thurnam has very ingeniously explained the production of these *posthumous* distortions. He thinks that the cranial bones of young persons, becoming softened by decomposition, have been distorted by the pressure of the superincumbent earth.

Dr. Thurnam has rather tantalizingly only written one page on the very interesting subject of the historical ethnology of Britain. From the philosophical mind of the author, and from the commencement of the chapter itself, we anticipate a rich treat in the second decade. He describes the plants and animals which cover the surface of the globe, as forming groups running into each other, but originating from numerous specific centres of creation. The plants and animals of these islands arise from four centres having their locality upon the continent, and proving that the continent has been united by solid ground with this tight little island, since the existence of the present fauna and flora upon the face of the earth. We presume that this is to prepare the mind for the idea, that our very oldest predecessors, the Turanic or Allophylian people, who had nothing better than a sharp flint for the head of a spear or the blade of a carving knife, and whose invention was not likely to compass the construction of a canoe, were able to trot over on dry ground.

A cinerary urn placed over a celtic tomb, and the traces of burnt earth and charcoal, suggest to Mr. Davis, that our Celtic forefathers practised *suttee*. We have no doubt that these Celtic gentlemen were capable of any barbarity; it is inherent in the breed, and it is just within the bounds of possibility, that it may yet be proved that they practised

cannibalism also. Some of their undigested food has already been traced to its constituents. A few human teeth and some small bones in the pelvis of a celtic skeleton would be ample proof for ethnologists.

The "*Crania Britannica*" promises to take rank with the "*Crania Americana*," of Morton, and it will be a noble monument of scientific research, and literary investigation.

*Essays on State Medicine.* By HENRY WILDBORE RUMSEY, F.R.C.S. 8vo., pp. 424. Churchill, London.

These essays are written in a judicious and philosophic spirit, and display an intimate knowledge of medical sanitary legislation. On the subject of the visitation of private asylums, Mr. Rumsey has the following:—

"Metropolitan institutions, public and private, for mental disorders, are under the direct superintendence and visitation of the 'Commissioners in Lunacy.' I do not presume to offer an opinion as to the efficiency or frequency of that visitation within the metropolitan jurisdiction. By those well qualified to judge, it is generally spoken of as judiciously adapted for the attainment of the main objects of State interference,—namely, the protection, humane care, and scientific treatment of the patients; and there seems to be no pretext for suggesting any more decided reform within the limits of that jurisdiction, than a greater frequency of visitation and closeness of inspection, together with the publication of reports, and the transfer of a greater share of responsibility from the proprietors and superintendents to the commissioners themselves. These gentlemen would then find full employment in the metropolitan district, which if possible, should be identified with the metropolitan Division of the Registrar-General."

These opinions are adopted from Dr. H. Monro's pamphlet, on "*The Reform of Private Asylums*," who recommends that the commissioners should visit all private establishments once in three or four weeks. The visitation of the provincial houses is not more satisfactory to Mr. Rumsey, than of those in the metropolitan district.

Mr. Rumsey's is a decidedly well-written and well-reasoned book, but we cannot coincide with him in his condemnation of the magisterial government of asylums. As a rule, the visiting justices of county asylums discharge their arduous duties with admirable efficiency and devotion.

*Erratum in last Number of Journal.*

Page 342, line 39, for *cannot* read *can*.









